



Zambia HIV/AIDS Prevention, Care and Treatment (ZPCT) Partnership
Cooperative Agreement No. 690-A-00-04-00319-00
Quarterly Report for 1 October – 31 December 2005
Submitted by Family Health International (FHI)
31 January 2006

1. EXECUTIVE SUMMARY

The Zambian HIV/AIDS Prevention, Care and Treatment (ZPCT) Partnership works with the Central Board of Health (CBoH)/Ministry of Health (MOH), the Provincial Health Offices (PHOs), and District Health Management Teams (DHMTs) to strengthen and expand HIV/AIDS related services in five provinces: Central, Copperbelt, Luapula, Northern and North Western. The Partnership supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral therapy (ART) by implementing program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT), counseling and testing (CT) and clinical care services for people living with HIV/AIDS (PLHA), including ART.

The ZPCT Partnership is being implemented in phases. In Phase 1, activities were focused on initiation and strengthening of services in 43 facilities in nine districts in the five project provinces. In Phase 2, the Partnership will continue support to the facilities supported during Phase 1, while expanding project activities to an additional 15 districts and 39 facilities. During this reporting period, ZPCT continued support to 43 Phase 1 facilities and initiated support to 39 facilities identified in Phase 2.

Key activities and achievements for this reporting period include:

- ZPCT support extended to 37 facilities in Phase 2 districts with the signing of sixteen new recipient agreements early in the quarter. In addition, two amendments to existing agreements in Phase 1 districts were developed. An amendment to the recipient agreement with Solwezi District Health Board (DHB) added support to Mutanda Rural Health Center; the recipient agreement with the Kabwe General Hospital will be signed early next quarter to provide support for Kabwe Mine Hospital.
- 829 clinical and non-clinical facility staff was oriented to the Partnership in a series of half-day meetings held for Phase 2 facility staff.
- Five one-day provincial workshops were held for 76 managers and supervisors for 35 Phase 2 facilities, PHOs, and DHMTs to discuss the ZPCT partnership with GRZ, and GRZ and ZPCT technical and program strategies for scale up and strengthening of HIV/AIDS services.
- Significant progress was made in renovations to the 43 Phase 1 facilities; work is complete for all services in 16 facilities and nearing completion in the remaining 27. All refurbishments included under the original recipient agreements will be completed early in the next quarter. Similar improvements to Phase 2 facilities were begun.



- 13 technical training courses (11 included M&E modules) were conducted:
 - 39 HCWs were trained in basic CT during two 2-week workshops; in addition, 48 experienced counselors from facilities in Ndola were trained in HIV testing in three 1-day workshops
 - 92 HCWs were trained to provide PMTCT services in four workshops.
 - 153 HCWs were trained in ART and Management of Opportunistic Infections (OI); five 2-week residential training courses supported by ZPCT were attended by 123 HCWs, and 30 HCWs from Arthur Davison Hospital were trained in a five-day in-house training course focusing on pediatric ART.
 - 36 HCWs participated in three 2-day adherence counseling training workshops conducted by ZPCT staff in Phase 2 facilities in three districts in Copperbelt Province (Mufulira, Kitwe and Luanshya).
 - 35 HCWs, from 19 facilities in the Phase 2 districts, participated in a ZPCT-supported training on ART drug and commodity management.
- CT services are ongoing in the 43 Phase 1 facilities, and in all but three of the 39 Phase 2 facilities. 10,877 individuals received CT services in ZPCT-supported facilities between October 1 and December 31.
- PMTCT services were provided in 73 ZPCT-supported Phase 1 and 2 facilities. 8,849 women were provided with PMTCT services, and 616 were provided with a complete course of prophylaxis ARVs during this quarter.
- Quality assurance and quality improvement tools were developed and introduced to guide assistance and support in provision of ART and clinical care services. Ongoing assistance (training, technical assistance visits, and/or renovation) was provided to strengthen clinical palliative care services in the 43 Phase 1 health facilities, and was initiated in Phase 2 districts. 13,640 individuals received palliative care in ZPCT-supported health facilities prior to the end of December.
- ART services were provided in 15 of the 16 Phase 1 ART centers; services in the sixteenth (Chipulukusu Health Center) will be initiated in the next quarter with assistance from a medical officer from another facility with ZPCT support. Services are also provided in 17 of the 20 Phase 2 ART centers (including Kabundi East Clinic, where ART services were initiated by the DHMT in this quarter). At the end of the quarter, ART services were available in all but three of the 24 districts support by ZPCT. 3,523 new clients were provided with ARVs in ZPCT-supported centers between October 1 and December 31, 2005. 12,883 received ART during this period.
- Procurement of reagents remains a challenge. ZPCT assisted USAID to write waivers for procurement of the Humalyzer 2000 (non FDA non US source and origin equipment and reagents), US source and origin to be purchased outside of the US and non US source and origin reagents to be purchased in the US. Approval has been received to purchase the Humalyzer 2000 equipment and reagents.
- A policy to provide support for overtime payment to HCWs in ZPCT-supported facilities in order to supplement staffing for HIV/AIDS services was developed and introduced to PHOs, DHMTs, and facilities; the policy will be implemented in the next quarter.
- An amendment was developed to the agreement between ZPCT/FHI and CHAZ to provide assistance to two additional mission health centers and hospitals in Phase 2 districts in Luapula Province. The amendment will be executed early in the next quarter.
- 20 lay counselors were trained in counseling and testing in Kasama during this quarter, bringing to 70 the number of lay counselors trained to provide counseling and testing in communities and facilities supported by ZPCT.

- A Provincial Referral Officer was placed in the ZPCT Central Province Office, and candidates were identified for the remaining four provinces (to be at post in January 06); key stakeholders meetings have been held in each district to discuss strategies and begin activities to strengthen and broaden referral networks.
- ZPCT staff members continue to provide assistance and leadership on technical and programmatic issues in all key areas at the central level. ZPCT actively participates on seven national technical working groups, as well as several ad-hoc implementation groups.

Results for the quarter are summarized in the following table:

**Services in 82 Facilities receiving ZPCT Support
October - December 2005**

Indicator	Achievements for October – December 2005		
	Females	Males	TOTAL
CT			
Service Outlets			79
Persons Trained in CT			39
Persons receive CT services	5, 958	4, 919	10, 877
PMTCT			
Service Outlets			73
Providers trained in PMTCT			92
Pregnant women provided with PMTCT service, including CT	8, 849		8, 849
Pregnant women provided with a complete course of ART prophylaxis	616		616
Basic Health Care and Support			
Strengthen Facilities to provide clinical palliative care services			82
Service Outlets/programs providing general HIV-related palliative care			82
Persons provided OI management and/or prophylaxis	7, 992	5, 648	13, 640
Persons provided with general HIV-related palliative care	7, 992	5, 648	13, 640
Persons trained to provide general HIV-related care			153
ART Services			
ART service outlets providing treatment			32
Health workers trained			153
New clients for ART	2, 079	1, 444	3, 523
Persons receiving treatment	7, 609	5, 274	12, 883

2. INTRODUCTION

The Zambian HIV/AIDS Prevention, Care and Treatment (ZPCT) Partnership works with the Central Board of Health (CBoH), the Provincial Health Offices (PHOs), and District Health Management Teams (DHMTs) to strengthen and expand HIV/AIDS related services in five provinces: Central, Copperbelt, Luapula, Northern and North Western. The Partnership

supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral treatment (ART), by implementing program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT), counseling and testing (C&T) and clinical care services for people living with HIV/AIDS (PLHA), including ART programs in all districts in these five provinces. The project collaborates with the PHOs and DHMTs to strengthen service delivery at public sector facilities and to strengthen networks for referral between these and other public sector health services and communities. The program also collaborates actively with other donor agencies and partner organizations to build on, rather than duplicate, ongoing HIV/AIDS projects.

The program has an overall national focus with interventions at national, provincial, district and community levels utilizing health clinics, hospitals and community service delivery programs. At the national level, the program offers technical assistance and coordination to the Ministry of Health, CBoH, and the National AIDS Council (NAC), as requested. At the provincial level, the program supports the GRZ through technical assistance and coordination in five provinces, and at the district level the ZPCT assists the DHMTs and selected health facilities to provide, improve, and expand HIV/AIDS services. The project also works with and in communities to create demand for services and strengthen linkages between facilities and communities.

The program has been created in a flexible manner so that GRZ requests can be accommodated as needs arise. Furthermore, all activities and related monitoring and evaluation processes and indicators are designed to meet USAID and the President's Emergency Plan for AIDS Relief (PEPFAR) requirements, and to be compatible with established government health management information systems (HMIS).

3. OBJECTIVES

The specific objectives of the ZPCT Partnership are to:

- Increase access to and use of HIV counseling and testing (CT)
- Increase access to and use of interventions for preventing mother to child transmission (PMTCT)
- Increase access to and strengthen delivery of clinical care for HIV/AIDS, including diagnosis, prevention and management of opportunistic infections (OIs), and other HIV related conditions and symptoms
- Increase access to and strengthen delivery of ART services at the provincial and district levels

These objectives will be met within the framework of the GRZ plan for scale up of ART programs and in full partnership with the CBoH/MOH at all levels.

4. ACTIVITIES AND ACCOMPLISHMENTS FOR THE QUARTER

4.1. Program Management

4.1.1. ZPCT Partners

The agreement between FHI, as the primary ZPCT contractor, and the International HIV/AIDS Alliance (IHAA) will be terminated next quarter. Discussions between senior staff of both organizations during this quarter resulted in this decision. The ZPCT provincial offices will assume primary responsibility for community mobilization efforts. They will work closely with existing groups to increase access and uptake to HIV/AIDS services in the facilities and communities.

MSH continues, as the partner responsible for laboratory and pharmaceutical assistance, to provide technical leadership within the ZPCT and nationally in these areas.

Associate partners are active in program implementation. Two mission facilities affiliated with CHAZ were identified for support during the Phase 2 assessments in Luapula Province. An amendment has been developed to include support to these facilities to CHAZ's scope of work. This brings to four the number of mission facilities that ZPCT will assist through its agreement with CHAZ.

KCTT is responsible for training of counselor supervisors for the ZPCT. Although no trainings were held during this quarter, KCTT continued to provide supervisory support and follow up to the trainees from last quarter's courses.

ECR is working through church communities to increase knowledge and demand for HIV/AIDS services. Activities are continuing with church leaders in Kabwe and Mkushi. During this quarter, a five-day workshop was conducted in Mkushi for 47 church leaders. The workshop focused on strategies for involving the churches and faith based organizations (FBOs) in community mobilization, and also provided church leaders with information about CT, PMTCT, ART and clinical care services at the facility and community level.

ZPCT continues to work with colleagues from associate partner organizations to build capacity to contribute to HIV/AIDS services in Zambia. As part of that effort, a one-day management workshop was held with seven representatives from CHAZ, KCTT, and ECR and ZPCT finance and program staff.

4.1.2. Phase 2 Recipient Agreements and Amendments

Sixteen recipient agreements were signed to provide support to 37 facilities in 15 districts. In addition, two Phase 1 recipient agreements were amended to provide support to two additional facilities. At the end of this quarter, ZPCT was strengthening HIV/AIDS services in 82 facilities in 24 districts through 33 recipient agreements.

4.1.3. Support of Phase 1 and 2 Facilities

Renovations and Procurement: Renovations to Phase 1 facilities are nearing completion, including the certification by the ZPCT-hired architect of the work as part of the quality assurance procedure. The process for contracting and overseeing renovations in Phase 2 facilities has begun. ZPCT provincial office staff worked closely with the DHMTs and facility managements to collect quotations for required work and select vendors. Contracts are under development and work will progress during the upcoming quarter. The status of work for specific services at each facility is presented in Attachment A, *Status of ZPCT-Supported Services in Phase 1 and 2 Districts*.

In a unique arrangement, ZPCT is partnering with HSSP to share the renovation costs for providing potable water to Mbereshi Hospital in Kawambwa District, Luapula Province.

ZPCT central and provincial offices have also been engaged actively in procurement and distribution of equipment and supplies needed for expansion of services in Phase 1 facilities. Procurement for Phase 1 facilities is 95% complete, with only hard-to-find items still to be found. Equipment and supplies have been distributed to Copperbelt, Northern, North Western, and Luapula and will be sent to Central early in the next quarter. Procurement included five Facscount machines

which will be installed next quarter. These machines are necessary to the ZPCT “zoning” strategy to provide critical HIV testing within a feasible distance of all ZPCT-supported facilities.

Problems have been encountered in procurement of reagents. ZPCT has requested USAID contracting approval to procure three types of reagents – US source and origin, non US source and origin (but FDA approved) and one non US source and origin and non-FDA approved reagent and equipment. Permission was granted to procure the US source and origin reagents, and the Humalyzer 2000 (non US source and origin and non FDA approved). The waivers for the other reagents are in process, pending final approval.

Training: As part of the site preparation ZPCT conducted jointly with the PHOs, DHMTs, and facilities, training needs were determined for each facility. During this quarter, 13 training courses based on national curricula were conducted. Staff from ZPCT-supported health facilities attended courses in CT (39 HCWs), PMTCT (92 HCWs), ART/OI (153). Also, 36 HCWs were trained in adherence counseling. Technical courses included modules on monitoring and evaluation. Training for facilities was planned and participants selected with the PHOs and DHMTs, and facility management. ZPCT continues to look for time-efficient and cost-effective ways to provide training. During this quarter, 30 doctors and pharmacists participated in a five-day on-site ART/OI training course based on the national curriculum. Also, 48 experienced counselors were given a 1-day training on HIV-testing as a supplement to previous training. Details of training for each program area are provided in Section 4.2 and Attachment B, *ZPCT Training Courses*.

In addition to technical workshops for health care workers, 20 lay counselors were trained and 38 health care workers in Copperbelt Province participated in a two-day stigma and discrimination training. A workshop was also held for 47 church leaders in Mkushi District to enlist them in community mobilization efforts among their congregations.

4.1.4. Attachment of Staff to ZPCT-supported GRZ Facilities

ZPCT management and human resources staff have continued to seek solutions to alleviate some of the pressure caused by staff shortages in facilities. Following discussions with the CBoH to develop guidelines for attachment, a letter was sent to the Permanent Secretary of the MOH seeking approval. The issue was referred to the Human Resources Department of the MOH. Based on this review, ZPCT was advised to develop other alternatives for supplementing present staffing levels and retaining staff. This activity has been put on hold due to budget considerations.

ZPCT is continuing discussions with the MOH on this issue, while working with PHOs and DHMTS to find interim measures. A policy for limited transport reimbursements for staff working overtime has been developed and is under discussion with colleagues in the field. This activity will be under a very tight budget.

4.1.5. ZPCT Provincial Management Meeting

A four-day ZPCT Provincial Program Management meeting was held (December 13 -16) in Lusaka. Provincial Management teams, comprised of the Provincial Program Manager, Program Officer, and Finance Officer from each of the provinces met with representatives from the Program, Finance, Training, Technical, and Community Units of the ZPCT Lusaka Office to discuss and plan for greater decentralization of management responsibilities to the provincial offices.

4.1.6. Budget

The appreciation of the Zambian Kwacha this quarter led to extensive planning and re-budgeting. In anticipation of a loss to the budget, in dollar terms, of approximately 30%, the entire budget has been re-drawn, and cost-cutting measures have been introduced. Ways to cut training and travel costs without sacrificing quality are being planned and will be implemented next quarter. Unfilled positions have been eliminated or put on hold. ZPCT management will continue to explore means of reducing costs.

4.2. Technical Program Areas

The major activities undertaken during this quarter in each of the technical components of the ZPCT Partnership are described below. For more details on the strategies in each area, refer to Attachment D, *ZPCT Technical Strategies*.

4.2.1 Counseling and Testing (CT)

At the end of this quarter, CT services were being provided in 79 of the 82 ZPCT-supported health facilities in the 24 districts in Phase 1 (nine districts) and Phase 2 (15 districts).

4.2.1.1 CT Training

ZPCT supported basic CT training for 39 HCWs during this quarter. Participants represented 25 facilities from nine districts in Copperbelt and North Western provinces. Of the 25 facilities, nine were Phase 1 facilities and 16 were Phase 2 (see Attachment B, Table 2A: *Counseling and Testing*). Each course included two weeks of theory and a supervised practicum of six weeks.

By the end of this reporting period, ZPCT had sponsored training for 200 HCWs trained in counseling or counseling supervision and reached the target set for training under the current work plan (1 October 2004 – 31 March 2006).

In addition to the basic training course, three one-day in-house trainings on HIV testing were held for 48 counselors on the Copperbelt Province who were trained before HIV testing skills was part of the counseling course. This will facilitate provision of same day testing and results in many Phase 1 and 2 facilities by these experienced counselors.

Basic CT trainings for Luapula, Northern, and Central provinces will be conducted in January and February 2006. Supervision counseling courses for HCWs from Phase 2 sites in all provinces will also be conducted.

ZPCT continued training for lay counselors during this quarter. Twenty community members were trained as lay counselors. The participants were drawn from the Nakonde and Kasama areas. Following six weeks of practical experience, they will be certified and placed in facilities in the districts.

4.2.1.2 CT Services

With CT services ongoing as planned in all 43 Phase 1 facilities, and the signing of recipient agreements for 39 facilities in Phase 2, ZPCT staff members extended technical assistance (TA) to Phase 2 facilities during this quarter. Assistance was provided to strengthen CT services in the 30 facilities that were providing CT services, as well as help initiate services during this quarter in the remaining nine. By the end of December, six out of the nine had initiated CT services. Lack of certified counselors in three facilities delayed initiation, but HCWs have been trained or will complete training early in the next quarter, and

will be certified. Seventy-nine facilities in 24 districts are currently providing CT services.

ZPCT has worked with staff to locate testing within the CT area in the majority of facilities, in order to facilitate same day testing and results. The number of facilities that have integrated CT services within TB and STI services also continues to increase, improving access to HIV/AIDS services. As part of the process of strengthening the quality of services provided, pre-testing of the quality assurance (QA) tools is on-going. The tools will be further revised, based on findings of the early use, and rolled out for use in the next quarter.

Provincial and central office staff focuses on practical implementation of strategies to increase access and use of CT. During this quarter the following implementation issues continued to be addressed:

- Introducing or strengthening procedures and conditions to provide same-day results for HIV testing.
- Introducing or strengthening provider-initiated counseling within clinical areas.
- Working with facilities to integrate CT into TB, sexually transmitted infections (STI), and family planning (FP) services.
- Training of non-health worker (lay or community) counselors to assist HCWs to provide counseling services.
- Assisting facilities with data entry and record keeping using the newly-introduced integrated CT/PMTCT registers.
- Addressing quality of service standards through development and introduction of job aids and quality assurance (QA) tools.

4.2.1.3 National Level Activities in CT

The ZPCT Senior Advisor and the Community CT Specialist have continued to participate on the VCT/Community-Home Based Care (VCT/CHBC) Technical Working Group (TWG) of the NAC. In addition, all central office CT staff has continued to collaborate and participate in partner/CBoH meetings relating to CT.

Key issues that ZPCT has participated in at national level in this quarter include:

- Drafting of new comprehensive VCT guidelines.
- TB/HIV TWG Meeting, sponsored by the MOH/CBoH and JHPIEGO, focusing on integration of CT into TB and STI and relevant training curricula. This issue was also brought to the CT TWG and will be incorporated into the new guidelines under development.
- Consensus building meetings on forecasting for HIV test kits and supplies.

4.2.1.4 Key Issues/Constraints in CT Service Provision

Many of the same challenges facing the GRZ health services also impede the provision of high quality CT services, as well as others that are unique to CT:

- Limited human resources: ZPCT is addressing this by training additional existing staff in the facilities to provide this service, and by identifying and training lay counselors to supplement HCWs. ZPCT is also investigating mechanisms for providing overtime for this and other services, including development of a policy to provide for part-time and overtime work, but only if CT staff is also assigned by the facility.

- Inconsistent availability of HIV test kits and supplies is a common cause of interruption in CT service provision. ZPCT has trained and worked with facility staff on forecasting and ordering needed supplies from Zambia Voluntary Counseling and Testing Services/Medical Stores Limited (ZVCTS/MSL). ZPCT continues to collaborate with JSI-Deliver and the MOH/CBoH on ways to streamline the system for ordering and distribution of supplies. ZPCT procured and distributed a second consignment of interim emergency supplies to address immediate needs not met by the national system.

4.2.2 Prevention of Mother to Child Transmission (PMTCT) of HIV

Eighty-one of the 82 ZPCT-supported facilities are targeted for assistance in provision of PMTCT services. By the end of this quarter, 73 of the 81 facilities in both Phase 1 and 2 districts were providing PMTCT services. In Phase 1 sites, 41 out of 42 targeted facilities are providing services, as are 32 out of the 39 Phase 2 facilities (including two facilities from Phase 1 districts) are providing PMTCT; out of these, 13 are newly initiated. Further details of assistance are described below and in Attachment A, *Status of ZPCT-Supported Services in Phase 1 & 2 Districts*, *Table 2: Status of PMTCT Sites*.

4.2.2.1 PMTCT Training

ZPCT trained 92 HCWs from 44 facilities in 18 districts during this quarter. Participants comprised 12 participants from 10 facilities in four Phase 1 districts, and 80 participants from 34 facilities in Phase 2 districts from four of the five ZPCT-supported provinces. PMTCT training supported by ZPCT follows the two-week national PMTCT training curriculum, including both theory and practical components. In addition, ZPCT has incorporated an expanded monitoring and evaluation (M&E) component presented by ZPCT M&E staff. As is required, national trainers recognized by the CBoH provided the training, with a ZPCT staff member certified as a national trainer also facilitating.

Of the 92 HCWs trained this quarter, 10 did not reach the 85% pass mark for the theory part of the training. However, nine of the 10 performed well in the practical skills component of the course. These nine HCWs practiced under close mentorship by experienced providers within their facilities and the ZPCT Provincial CT/PMTCT staff in the first few weeks following the training. Once the mentorship has been completed, they will be able to provide PMTCT services.

Cumulatively, 205 HCWs have been trained in PMTCT, which exceeds the target of 175 HCWs trained in during the year.

The remaining planned PMTCT training for health care staff for North Western Province for the Phase 2 facilities will be conducted early next quarter.

4.2.2.2 PMTCT Services

Services were being provided in 73 of the 81 ZPCT-supported targeted for PMTCT in Phase 1 (42) and Phase 2 (39) health facilities. Of the 42 Phase 1 facilities, one has not yet initiated services in PMTCT. For the Phase 2 sites, 32 of the 39 facilities offer PMTCT services; this includes 13 new sites.

ZPCT provincial and central office staff members have provided technical support to all the PMTCT service sites during this quarter. Implementation issues that continue to be addressed include:

- Supporting the implementation of the national policy of opt out for HIV testing within ANC to increase the uptake for PMTCT services. Even though

'opt out' has been implemented in all Phase 1 facilities, this has remained a challenge in some sites because of poor staffing. However, it has been shown to be very effective in increasing access to services, and ZPCT provincial staff is now working with staff in Phase 2 sites to implement this strategy.

- Facilitating same day return of test results by ensuring that PMTCT providers are trained to do the HIV testing themselves, removing the need for overburdened laboratory staff to perform the HIV tests.
- Actively supporting linkage of HIV positive women to ART if they qualify as part of the continuum of care.

4.2.2.3 National Level Activities in PMTCT

ZPCT continued to participate on the PMTCT TWG of the NAC. During this quarter, the TWG made progress on arrangements to print and distribute revised National PMTCT Guidelines to public and private sector facilities. These guidelines will include the use of dual therapy for HIV-infected pregnant women as a minimum standard.

4.2.2.4 Other Activities

Three ZPCT CT/PMTCT staff made a study tour of CT and PMTCT services in Kenya. Sites across the country providing different models of CT were visited, including stand-alone sites, mobile VCT, integrated CT services, as well as services based on diagnostic testing and counseling (DTC). QA systems for CT services were also discussed with practitioners. PMTCT sites in different levels of care, as well as Comprehensive Care Centers providing ART in the major hospitals, were visited. Lessons learnt during this visit will be disseminated to other ZPCT staff, and incorporated into technical assistance and training activities. Based on experiences in the programs visited, the ZPCT will consolidate the QA plans for CT and PMTCT, and will work with DHMTs and facilities to implement DTC as well as innovative and feasible aspects of care (e.g., 'cough monitors') in an effort to increase access to CT and eventually ART.

4.2.2.5 Key Issues/Constraints in PMTCT Service Provision

- Limited human resources has resulted in an inability to provide HIV test results to pregnant women on the day of PMTCT counseling and testing in some of the facilities, thus contributing to clients dropping out before receiving test results. This has also contributed to difficulties in implementing the 'opt out' strategy due to human resource constraints. ZPCT is working with the DHMTs/PHOs in all provinces on implementation of a policy to provide ZPCT support for overtime for off-duty facility staff to provide services.
- Inconsistent availability of HIV test kits and supplies has continued to contribute to interruptions and delays in service provision in all facilities.
- Referral linkages between PMTCT services and ART centers are not strong enough to ensure that all eligible infected pregnant women are receiving ART. This is particularly true for facilities that are not ART sites and located far away from them and do not have operational sample referral systems. ZPCT has procured additional Facscount machines and, following their installation, will initiate a sample referral system to facilitate testing and placement of eligible pregnant women on ART.

4.2.3. Antiretroviral Therapy (ART)

During this quarter, ZPCT has continued to provide support to the 16 facilities originally targeted as ART centers during Phase 1; of these, 15 are providing ART

and five were newly established as ART centers as part of the GRZ's plan for roll out of ART. Services are scheduled to begin soon in the sixteenth site. One additional Phase 1 facility, Kabundi East Clinic added ART services with its establishment as an outreach centre in early December 2005 bringing the number of functional phase 1 sites to 16.

Eighteen facilities in Phase 2 districts were identified for ZPCT support to strengthen or initiate ART services. Of these, six are new ART sites. ART services will also be added to services offered in Kabwe Mine Hospital, a site from a Phase 1 district, Kabwe, but identified as part of Phase 2. Fifteen ART centers identified during Phase 2 are providing ART services, bringing to 32 the number of functioning ART centers supported by ZPCT in 24 districts. Further details of assistance given are described below and in Attachment A, *Status of ZPCT-Supported Services in Phase 1 and 2 Districts*, Table 3: *Status of ART Services*.

4.2.3.1 ART Training

During this quarter, ZPCT has trained 123 HCWs (from Phase 2 facilities) in five, two-week ART/OI training courses based on the GRZ national curriculum. In addition, ZPCT conducted an in-house training in Pediatric ART/OI management for 30 HCWs (doctors, nurses, clinical officers, and pharmacists) from Arthur Davison Children's Hospital. Further details are included in Attachment B, Table 4: *ART/Clinical Care*.

ZPCT has, to date, trained 339 HCWs (including doctors, clinical officers, nurses, pharmacy technologists and technicians, and laboratory technicians and technologists) in ART/OI management. This far exceeds the annual work plan target of 200 to be trained by March 31, 2006.

Adherence Counseling Trainings

ZPCT conducted three two-day adherence counseling training sessions. Thirty-six HCWs from Phase 2 facilities in three districts in Copperbelt Province (Kitwe, Mufulira and Luanshya) were trained. Similar training will be held in Phase 2 districts in the other provinces during the next quarter.

ZPCT provincial clinical care officers continue to work with staff in ART centers to establish adherence counseling teams to assure a standardized system of adherence counseling.

ZPCT ART, CT, and community program staff members continued to develop and refine the curriculum for ART adherence support workers. Additional work will be done in the upcoming quarter to adapt these materials for use with the community counselors.

4.2.3.2 ART Services

ZPCT staff has made technical assistance visits to the 16 Phase 1 ART centers during this quarter. Assistance continues to focus on implementation of facility-based, integrated HIV service flow charts to improve access and strengthen internal referrals from out-patient department (OPD), TB, STI clinics to CT, and onward referrals for clinical care and ART for HIV-positive clients. ZPCT staff reinforces training and works with facility staff to enhance quality of services, and in some instances assist in the screening of patients.

Chipulukusu Health Center has been unable to initiate services because there is not a Medical Officer (MO) currently on staff. As a possible solution to this problem, the District Health Management Team (DHMT) has requested assistance from Ndola Central Hospital and hospital management has agreed to provide MO services at the health center. ZPCT is working with the DHMT

and hospital management to provide overtime payment for off-duty MOs to provide these services beginning in the next quarter.

Nakonde Health Center, which had initiated ART services, was also affected by a staffing issue. The trained MO was transferred, causing a gap until the transfer and training (in November) of a new MO.

During this quarter, ZPCT printed and introduced job aids for ART and clinical care to all Phase 1 and 2 facilities. These included:

- WHO Staging System in Adults and Adolescents
- WHO Staging System in Children
- Pediatric Dosages Chart
- Adult ARV Dosages Chart
- Major Potential Side Effects
- Ten-step Guide for Adherence Counseling
- Flow chart on Adherence Counseling
- Post-Exposure Prophylaxis (PEP) Guide

ZPCT continued assisting ART centers in the quantification, forecasting and ordering of ARVs and reagents from GRZ's Medical Stores Limited (MSL) to minimize the erratic supply of ARVs.

ZPCT continues to focus on these issues needing attention:

- Outreach ART services: As a result of implementation of the GRZ policy to provide ART, as well as the scale-up of ART programs with support from projects such as ZPCT, clients seeking ART services has increased, causing congestion at ART centers. To combat this problem, and to address the problem of distances to ART services, ZPCT is working with DHMTs and facilities to introduce and expand outreach ART. Examples of this can be seen in Kabwe, where the ZPCT provincial office and the DHMT have put such services in place at Mahatma Gandhi Health Centre, and will expand to two additional sites during the next quarter.
- Poor adherence counseling for ART clients is affected by the lack of procedures and trained staff to support effective adherence counseling services. ZPCT continues to provide ART adherence counseling training and technical assistance for providers on patient follow-up. Adherence teams and procedures are being set up and put in place in order to improve and strengthen adherence counseling services. During the next quarter, a program to train community ART adherence support workers will be implemented. These non-HCWs will provide support to PLHA in the facilities and in the community.
- ART data collection and data quality remains an issue. ZPCT technical staff will continue to provide assistance and training to improve use of the ART information system. This is a major focus of the ZPCT M&E staff at the central and provincial level. Collaboration with DHMTs on recruitment of Data Entry Clerks for all ART centers has begun, and hiring and placement will begin in the next quarter.

4.2.3.3 National Level Activities in ART

ZPCT is represented on the NAC Treatment, Care, and Support Technical Working Group, and staff participates in the reconstituted ART Implementation Committee, convened by the CBoH this quarter. ZPCT is an active participant

in these and other national level meetings to further the roll out of ART services. During this quarter, ZPCT staff participated in the following meetings:

- HIV/TB/STI Services Linkages (October 17 – 21, 2005). The purpose of this meeting, organized by CBoH and JHPIEGO, was to discuss the integration of CT into TB and STIs and develop an On-the-Job Training Package for clinicians on diagnosis and management of TB and other common OIs.
- Second Task Force Meeting organized by CBoH in collaboration with JICA, WHO and NAC (October 25, 2005). The meeting brought together key partners in the provision of ART services in Zambia. Issues discussed included confirmation of sites, schedule and program for Project Design Workshop, and the JICA mission in October/November.
- WHO/CBoH Workshop on Development of a Community Training Package for ART (November 3, 2005).
- Project Design Workshop (November 7 – 9, 2005). This workshop focused on project design for the strengthening of district structures in the provision of HIV care and treatment services. JICA sponsored the workshop in collaboration with CBoH, WHO and NAC.
- First ART Implementation Committee Meeting at CBOH (November 23, 2005).

ZPCT is working with the MOH/CBoH on the adaptation of standard operating procedures (SOPs) for ART, for post exposure prophylaxis (PEP), and for adherence counseling. These SOPs, based on FHI generic SOPs in these areas, are in line with GRZ national guidelines and will be national SOPs. Finalization of the SOPs awaits the harmonization of the clinical care forms by CBoH and its partners. Once the MOH/CBoH has approved a patient tracking form, ZPCT will work with the MOH/CBoH to finalize the SOPs.

4.2.3.4 Key Issues/Constraints

In addition to the constraints widely felt in the health care system in Zambia (shortage of staff, inadequate facilities and equipment) the ART centers also experience unique constraints:

- Shortage of equipment and reagents for HIV testing and monitoring clients on ART. ZPCT has sought approval to procure equipment and an interim supply of reagents for key facilities. ZPCT has procured five (5) Facscount machines which are due for distribution early next quarter. This is expected to improve laboratory service provision in sites strengthening ART, and provide a good start up in those facilities initiating ART. In addition, the Partnership is providing support to smaller facilities to transport samples for testing. ZPCT will continue to collaborate with MOH/CBoH and PHO on these issues.
- Cost of Laboratory services: Because of the erratic supply of reagents clients to be initiated on ART are requested to pay for their baseline investigations at some ART centers, especially CD4 count checks. This is despite government's policy to provide free ARVs and related services such as laboratory investigations. This is a barrier to some clients who need to access ART/clinical care services.
- Erratic supply of some ARVs, including pediatric formulations, has hampered the scale up of ART in children. ZPCT is working with staff from facilities, DHMTs, and PHOs to address these problems, and is also providing training in commodity management for ART, and will support similar training in the next quarter. ZPCT is also working with other partners, primarily JSI/Deliver on these issues.

- Weak adherence counseling systems The adherence counseling section of the National ART/OI training curriculum is limited. ZPCT is addressing this with on-site adherence counseling training for HCWs and development of integrated HIV services flow charts.
- Limited human resources, particularly medical officers, hinders the roll out of ART services. This is most acute in rural areas with relatively few medical officers. ZPCT is working with DHMTs and facilities, where appropriate, to initiate and strengthen ART outreach services to facilitate provision of services in a more health facilities.

4.2.4 Clinical Palliative Care

ZPCT is working with staff of the 43 facilities supported in Phase 1 districts to strengthen and improve palliative clinical care for PLHA, and began work with the 39 facilities included in the Phase 2 expansion to 15 additional districts.

4.2.4.1 Clinical Care Training

The national training curriculum for ART and OI management is combined. A description of this training is included in the previous section (4.2.3.1) and in Attachment B, Table 4: *ART/Clinical Care*. As reported, 153 HCWs participated in ZPCT-supported ART/OI management training during this quarter.

4.2.4.2 Clinical Care Services

ZPCT central and provincial office staff has given technical assistance to the clinical care sites in the five provinces. ZPCT developed and introduced quality assurance and quality improvement tools for use by ZPCT staff to guide provision of technical assistance to the facilities. These include:

- Essential Elements of ART/Clinical Care Checklist,
- Physical inspection of client files and pharmacy records, and
- Client exit interviews.

ZPCT provincial staff has been instructed to use these tools and to provide feedback to the Lusaka Office on the tools, as well as the observations recorded. Following discussion with field officers, guidance will be formulated on the frequency for administration of the tools. Guidance will be available by the end of the next quarter.

In addition to these QA tools, after each TA visit, a report of the findings is written for each facility, describing the challenges, constraints, successes, recommendations and actions taken. With these reports, it is possible to track progress made in quality improvement in the facility and they also provide a future guide for technical assistance.

As previously reported (Section 4.2.3.2) ZPCT has disseminated a series of eight job aids for use by staff both in ART and clinical care sites. ZPCT provincial staff distributed these materials to both Phase 1 and Phase 2 facilities.

Efforts to strengthen referral networks to services in other facilities continued to be intensified in the quarter under review. Reports of increases in referred cases have been noted from many facilities. Additionally, efforts to strengthen the referral networks within communities are intensifying, and are expected to continue to contribute to the overall quality of services and life for PLHA.

4.2.4.3 National Level

ZPCT's work with the NAC Treatment, Care and Support Technical Working Group (described in section 4.2.3.3) also involves issues of clinical care.

ZPCT remains an active member of the Palliative Care Forum (PCF) led by USAID. The PCF produced a palliative care strategic plan and will support the GRZ in the development of policies on the issues of co-trimoxazole prophylaxis and pain management. ZPCT staff actively participated in the following meetings during this quarter:

- Palliative Care Forum Meeting October 25, 2005. The purpose was to plan for the development of Palliative Care Strategy.
- Series of Palliative Care Forum Meetings to Develop of the Palliative Care Strategy (November 9, 10, 15, and 16, 2005).
- Technical Working Group for TB- HIV Coordination (November 28, 2005).

4.2.4.4 Key Issues/Constraints

- Weak referral linkages and a lack of deliberate policies and procedures for referring HIV positive clients to clinical care services for staging and further assessment adversely affects quality of care. ZPCT will continue to work with facilities to strengthen links between CT, post-PMTCT, and clinical care services. By the end of this quarter, integrated HIV services flow charts had been developed in most facilities and the referral of clients to CT from OPD and other departments continued to be strengthened in this quarter.
- Erratic supply of drugs for opportunistic infections is an issue faced in many facilities. ZPCT has provided training in commodity management, and will continue to do so, covering methods for quantification and timely ordering of drugs. ZPCT will continue to share information with JSI-Deliver to facilitate correct forecasting on a national level.
- Inadequate reference materials limit clinicians in their attempts to provide high quality clinical care to HIV-infected clients. ZPCT continues to distribute copies of key reference materials.
- Limitations of facility-based palliative care. Although an important part of the care continuum, the facility's role is limited. ZPCT recognizes this and, while strengthening services within the clinics, linkages with other organizations and partners engaged in palliative care and quality of life are being forged. Provincial offices are linking with other institutions and organizations in the districts involved in HIV/AIDS programming, including palliative care, as an important step in providing a full continuum of care for PLHAs within the district.
- Collection of Palliative Care data is a major challenge. ZPCT has, through its regular TA visits to the facilities, worked out possible ways of collecting this data. There is not a single method for collecting this data and depending on the mode of collection the data quality will differ. This was a topic of discussion with representatives from the OGAC "Reporting Burden" Task Force and, with encouragement from this group; ZPCT will investigate innovative ways to gather this data.

4.2.5 Pharmacy and Laboratory Support

ZPCT is continuing to provide a combination of needed improvements to basic infrastructure and equipment in 42 pharmacies and 35 laboratories in the 43 Phase 1 facilities. Following the assessment of laboratory and pharmacy requirements in the 39 Phase 2 facilities, the provision of a similar level of support will be given to

these facilities, including improvements to basic infrastructure and equipment in 39 more pharmacies and 24 laboratories, in addition to those in Phase 1.

4.2.5.1 Pharmacy and Laboratory Training

ZPCT conducted two trainings this quarter – one for pharmacy and laboratory staff in commodity management and one done in collaboration with MSH for ZPCT staff and partners. A brief summary of the training programs follows, with details provided in Attachment B, Table 6: *Laboratory and Pharmacy*.

- **ART Pharmacy and Laboratory Services Commodity Management Training** (November 28 – December 2, 2005)

Thirty-five pharmacy and laboratory staff from 19 facilities (including Phase 2 ART sites) in 16 districts was trained. In addition, three ZPCT Pharmacy and Laboratory Technical Officers from Central, Luapula and Northern Provinces were also trained. The workshop focused on effective commodity management to support pharmaceutical and laboratory services in ART programs. The training included the introduction of the GRZ's "Laboratory and Pharmacy Antiretroviral Therapy Standard Operating Procedures."

- **Training in the Use of the ARV Drug Dispensing Tool**

ZPCT collaborated with MSH to develop and conduct this training for staff involved in ART service delivery. Nineteen participants were trained, with representation from ZPCT and partners (GRZ, CRS and CHAZ). Participants were trained in installation and use of the tool (for those working in facilities where it had not yet been introduced), while refresher training and technical support were provided to participants in whose facilities the tool is already in use. Participants included four ZPCT Pharmacy and Laboratory staff and eight M&E officers, four GRZ District Data Management Specialists, and staff from CRS (two) and CHAZ (one).

4.2.5.2 Technical Assistance

Focused technical assistance was provided in Northern, Luapula, Central and Copperbelt provinces, where all health facilities were visited by ZPCT staff. Technical assistance addresses specific issues such as non-submission of returns and data which contribute to shortages of critical supplies. The intent is to lessen, and ultimately eliminate, stock outs in the facilities where the shortage is not due to non-availability of commodities at central level.

In addition, the issue of non-availability of supplies at central level (also a contributing factor) was addressed by ordering, procuring and distributing supplies as a stop-gap measure. Details are provided in section 4.2.5.3.

4.2.5.3 Procurement

Results of an earlier ZPCT investigation to determine causes of the general and widespread shortage of HIV test kits and reagents for HIV-related laboratory tests found that low stocks at the Zambia Voluntary Counselling and Testing Service (ZVCTS) and MSL contributed to this problem. ZPCT undertook to procure selected commodities to supplement supplies for the five partnership provinces from ZVCTS/MSL, as listed below:

- **HIV Test kits**

Following an initial procurement, a second procurement of 63 Abbott Determine and 83 Genie II was completed as a stop gap measure. In a continued effort to avoid commodity stock outs, the Rapid Test Kits were distributed to all ZPCT provincial offices for further distribution to the respective DHMTs and facilities. The original plans to procure adequate

stocks to keep as buffer stock for future emergency situations was deemed unnecessary since the JSI/Deliver procurement team have brought in adequate supplies of these commodities.

- **Reagents for Facscount, chemistries and hematology**

Procurement and distribution of laboratory reagents. The first consignment of CD4 reagents was received. The balance of CD4 reagents and the consignments of hematology and chemistry reagents are expected early in 2006. Arrangements have been made to store the bulk of the reagents at MSL.

Distribution of CD4 reagents to ZPCT supported ART sites. ZPCT began distribution of reagents received this quarter in December 2005. Distribution is ongoing; to date, reagents have been distributed to six ART centers in the Phase I districts with Facscount machines. Additional facilities will receive Facscount machines from ZPCT and GRZ in January 2006. Following installation and on-site training, ZPCT will distribute reagents to the remaining facilities. Initial stocks will be provided and monitored. Plans for resupply will be based on consumption. Sites will order the commodities from MSL with regular orders for other supplies.

Some facilities intended to continue to charge for tests. However, ZPCT, with assistance from the MOH, negotiated with all but two sites to provide free tests using ZPCT-supplied reagents. This is inline with USG regulations, and GRZ policy. Discussions are currently underway to resolve this matter in the remaining facilities.

Procurement and installation of laboratory equipment. The five Facscount machines and one ABX Micros machine procured in Phase 1 have been received and are in storage at ZPCT. Plans are underway for the installation and commissioning of the equipment at the respective sites, and on-site training on the operational issues of the equipment. Equipment needed for Phase 2 sites has been identified and will be ordered in the coming quarter.

4.2.5.4 National Level Activities in Pharmacy and Laboratory Services

ZPCT pharmacy and laboratory staff is actively engaged in a range of issues and discussions at the national level. ZPCT has continued to collaborate with the MOH/CBoH and CDC on harmonization of training plans for laboratory services. Issues of quality assurance and quality improvement are also being dealt with continuously. Meetings are ongoing with representatives from ZPCT, MOH/CBoH, and CDC on these issues.

Participation in national meetings and workshops ensures ZPCT input into national activities and continued collaboration with the MOH/CBoH and other partners. Meetings during this quarter included:

- **National Quantification for ARVs** (October 24 – 31, 2005) - ZPCT participated in the national quantification of ARVs for 2006 using the Quantimed tool developed by MSH. This exercise will help to estimate funds required for the coming year to reach the GRZ ART target.
- **Strengthening Laboratory Services**
Planning Meeting (November 22, 2005)- ZPCT has been actively involved in a series of meetings to bring together all key partners to discuss and harmonize laboratory services in order to provide quality services. ZPCT was part of the group that met on November 22 to plan the first meeting of this technical working group.

Harmonizing Laboratory Services (December 5, 2005) – As planned, key partners in laboratory services met to discuss and harmonize laboratory services in order to provide quality services. There was representation from CBoH, CDC, JICA, ZPCT, CRS, CIDRZ, CHAZ, USAID, and ZANARA.

Standardizing Laboratory Equipment (December 12, 2005). In a follow-up meeting, key partners met to discuss the standardization of equipment for the Zambia Laboratory Services. Representation was as in the first meeting of the group.

- **Clinton Foundation/ZPCT** (December 9, 2005) – ZPCT staff met with Clinton Foundation representatives to assist the Foundation to develop a national CD4/hematology/chemistry budget, a proposal for a rationalized CD4 instrument network, and a 2006 CD4 reagent procurement plan for the whole of Zambia. Information was provided to ensure that ZPCT support to GRZ sites was noted in planning. Similar meetings were held between the Clinton Foundation and other partners.
- **Feedback on quantification & forecast of HIV Rapid Test Kits** (December 9, 2005) – This meeting was held as a follow up to one held six months earlier in which JSI/Deliver presented forecasts for HIV Rapid Test Kit needs. At this meeting, an assessment of the current scenario was presented, and the planned procurements of rapid test kits (RTKs) for the next three years discussed. In addition to ZPCT, representatives from MOH/CBoH, USAID, CRS, CIDRZ, JICA, NAC, SFH, ZVCTS, and ZANARA attended.

4.2.5.5 Key Issues/Constraints

The ZPCT is committed to working with our partners in the provinces, districts, and facilities to ensure an adequate supply of HIV-related commodities for provision of services. There are many challenges in meeting this goal.

- Logistics and storage facility inadequacies for the reagents at ZPCT offices. ZPCT is working with MSL to arrange storage of the reagents. MSL will also aid in distribution to ZPCT supported sites upon receipt of an official order.
- Quality of data: Submission of HIV-related commodities data from facilities to DHMTs and from DHMTs to central level is unreliable. ZPCT staff is assisting facilities through technical assistance, provision of registers, computers and software, as needed.
- Lack of qualified staff in the facilities: Shortages of trained staff greatly compromises the quality of service delivery in the facilities. ZPCT is working with DHMTs and facilities to improving this situation through assistance to staff who work extra shifts.
- Inadequate supply of commodities: The erratic supply of commodities greatly compromises service delivery across all elements of care. ZPCT is employing multiple strategies, including procurement, training and technical assistance, to ensure an uninterrupted supply of essential commodities.
- Maintenance of diagnostic equipment: Routine preventive maintenance of diagnostic equipment is an issue in assuring uninterrupted laboratory and testing service in the facilities. ZPCT is collaborating with the MOH/CBoH and CDC to address this problem.
- Specimen referral systems are often weak and not well-articulated. ZPCT is working with districts and facilities to map out networks and provide minimal equipment and support to ensure the provision of complementary quality laboratory services at all facilities regardless of location.

4.2.6 Monitoring and Evaluation (M&E)

4.2.6.1 Training in Monitoring and Evaluation

Following the signing of the recipient agreements for Phase 2 sites during this quarter, training in Monitoring and Evaluation (M&E) was conducted in conjunction with technical training courses sponsored by ZPCT in CT, PMTCT, ART/OI, and laboratory and pharmacy services. An expanded M&E module is incorporated into standard courses. The training modules on CT/PMTCT reporting and ART Information System (ARTIS), the official GRZ information system for ART, were delivered to health care workers as part of the CT/PMTCT and ART/OI trainings.

In addition to the HCWs, key non-clinical staff participated in the M&E components of most of these courses to enhance the quality of reporting in the ZPCT-supported sites. These included District Health Information Officers (DHIOs), Hospital Information Officers and Data Clerks from ART centers. All M&E modules were facilitated by the ZPCT Provincial M&E Officers in collaboration with PHO Data Management Specialists. Summaries of the M&E training components follow, with further details provided in Attachment B, *ZPCT Training Courses, Table 7: Monitoring and Evaluation..*

- 155 staff, representing 47 ZPCT-supported facilities in Northern, North Western, Copperbelt, Luapula and Central provinces were trained in ARTIS (under the ART/OI Technical area). 123 of the participants were HCWs, and 32 were non-clinical staff involved in data management (i.e., DHIOs, hospital information officers, data clerks, and provincial data management specialists).
- 119 staff from 46 facilities (92 HCWs and 27 health information officers and data managers) were trained in PMTCT reporting as part of PMTCT courses in 46 facilities. This training involved the use of the Integrated VCT/PMTCT Register and associated monthly reporting forms. These trainings covered Central, Copperbelt, Luapula and Northern provinces.
- In Northwestern and Copperbelt provinces, the M&E module was also presented as part of the CT training for 39 staff in 23 facilities.
- 35 laboratory and pharmacy staff was trained in data capture and reporting during the month of December 2005. The staff represented 19 ZPCT supported facilities in Central, Copperbelt, Luapula, Northern and North Western provinces.

4.2.6.2 Technical Assistance in M&E

During the months of October, November and December 2005, technical assistance visits were made to all provinces to provide data management mentorship at facility level in collaboration with the respective DHMT staff. Part of the activities during these visits, working in close collaboration with DHMT and facility staff, was to clean data and improve systems for future data collection and reporting efforts.

4.2.6.3 ZPCT Indicators/Results

This is the third quarter that ZPCT has worked with the MOH/CBoH and partners to compile and report on key indicators. The table below presents data for all the ZPCT-supported facilities (Phase 1 and Phase 2). The statistics cover the period from October 1 to December 31, 2005 for services at facility level and provincial level training activities.

**Services in 82 Facilities receiving ZPCT Support
October - December 2005**

Indicator	Achievements for October – December 2005		
	Females	Males	TOTAL
CT			
Service Outlets			79
Persons Trained in CT			39
Persons receive CT services	5, 958	4, 919	10, 877
PMTCT			
Service Outlets			73
Providers trained in PMTCT			92
Pregnant women provided with PMTCT service, including CT	8, 849		8, 849
Pregnant women provided with a complete course of ART prophylaxis	616		616
Basic Health Care and Support			
Strengthen Facilities to provide clinical palliative care services			82
Service Outlets/programs providing general HIV-related palliative care			82
Persons provided OI management and/or prophylaxis	7, 992	5, 648	13, 640
Persons provided with general HIV-related palliative care	7, 992	5, 648	13, 640
Persons trained to provide general HIV-related care			153
ART Services			
ART service outlets providing treatment			32
Health workers trained			153
New clients for ART	2, 079	1, 444	3, 523
Persons receiving treatment	7, 609	5, 274	12, 883

The service statistics in the 82 ZPCT-supported sites presented in the table above represents 79 CT sites, 73 PMTCT sites and 32 ART sites where services are ongoing and available to clients. For this reporting period, 10,877 individuals received CT services, 8,849 pregnant women received PMTCT services (of whom 616 received the complete course of ARV prophylaxis). In ART service provision, the sites recorded 3,523 new clients enrolled on ARVs with 12,883 people receiving treatment in the same period.

4.2.6.4 National Level Activities in M&E

- ZPCT M&E staff participated in a CBoH meeting for the integration of PMTCT/CT/TB indicators into the HMIS in Kitwe, also attended by representatives from other cooperating partners (HSSP, CDC, ZVCTS, and CIDRZ). ZPCT continues to play an important role in this ongoing national exercise.
- ZPCT M&E and technical staff continue to work towards the harmonization of ART information systems in Zambia spearheaded by the MOH/CBoH (and with CDC, CIDRZ, HSSP and CRS).

4.2.6.5 Key Issues/Constraints

ZPCT is committed to working within GRZ systems for data collection, monitoring and evaluation, but continues to work with MOH/CBoH and other partners to advocate for inclusion of the reporting needs of USAID and PEPFAR into the national Health Management Information System (HMIS).

- Delay in harmonization of Patient Tracking System (PTS) ZPCT has relied on Excel spreadsheets to compile data from supported-sites while awaiting the outcome of the MOH/CBoH harmonization process and introduction of the resulting PTS. ZPCT's plan to develop and use an MS Access database for this process has been delayed while awaiting the outcome of the PTS harmonization process.

During this quarter, the decision was made to proceed with the database, and an advanced stage has been reached in developing a relational database (MS Access) to capture and manage the data collected from all ZPCT-supported sites. The facility-based PTS will feed into the MS Access database at the ZPCT Lusaka Office which, which will in turn generate all the required statistics for both program monitoring and reporting.

- Limited human resources have affected the labor-intensive processes required for adequate data recording, cleaning and reporting across ZPCT sites. It is now being addressed with the recruitment of data clerks in the 32 ZPCT-supported health facilities providing ART. This development will significantly increase the quality and timeliness of the data from these sites, particularly data on ART. The data clerks are expected to be in place in early 2006.
- Weaknesses in Data Collection The structure of the CT/PMTCT monthly summation form is not consistent with the reporting indicators for PEPFAR; it is an integrated sheet showing both CT and PMTCT as a total, rather than separated as individual counts. ZPCT Provincial M&E Officers have been required to disaggregate the data directly from the registers; a labor intensive and time consuming effort.
- Though data are not routinely and consistently disaggregated by sex by health facilities, efforts similar to those described above have yielded the needed data. ZPCT has provided training and technical assistance in data recording to HCWs, including consistent recording of sex and age of clients. Provincial M&E Officers also conducted facility-by-facility visits to collect the data from registers. The placement of data clerks in the ART centers will increase the capacity of facilities to provide this data.

4.3 Community Mobilization and Developing Referral Networks

The goal of the community mobilization component of ZPCT is to increase awareness of and demand for CT, PMTCT, clinical care, and ART services.

4.3.1 Community Mobilization Strategy

The International HIV/AIDS Alliance (IHAA) has been the ZPCT lead partner for community mobilization activities. IHAA's strength, and its focus in the ZPCT, has been working through grants to community based organizations (CBOs). As the ZPCT program has evolved, the focus of community mobilization has moved away from CBOs to strategies to integrate with existing structures within the community, such as Neighborhood Health Committees (NHCs), building on work done by other USG partners such as the Health Communication Project (HCP), and strengthening referral networks to link a range of groups already working within the community.

The difficult decision was made, during this quarter, to recommend the early termination of IHAA's agreement. Following discussions with the IHAA Zambia Office and the head office, this recommendation was reluctantly accepted and plans were begun for the disengagement of IHAA by February 15, 2006.

The movement, already begun, to increase the provincial and district responsibility for community mobilization to increase uptake of services, and to fully integrate the efforts to strengthen referral networks into these programs, will be accelerated.

4.3.2 Community Partners

The four CBOs that received grants from the Alliance continued to implement community mobilization activities, including community group discussions, sensitization activities using drama, door-to-door visits, and one-to-one discussions. The table below shows the number of people reached with messages, the number referred to HIV/AIDS services in health centers supported by ZPCT, and the number of individuals documented to have accessed services as a result of referrals or information provided by the CBOs.

Activity	Indicator	KCCC (Kasama)	St. Anthony (Mkushi)	Muchinka (Mansa)	Mansa Red Cross	Total
CT	Number of people reached with VCT messages	421	2,288	2,441	2,098	7,248
	Number of people referred for VCT	36	39	200	177	452
	Number of people referred for VCT and reaching facility	155	0	349	213	717
PMTCT	Number of people reached with PMTCT messages	541	2,288	938	1,874	5,641
	Number of people referred for PMTCT	15	12	72	436	535
	Number of people referred for PMTCT and reaching the facility	60	0	65	426	551
ART	Number of people reached with ART messages	271	1,059	2,336	1,712	5,378
	Number of people referred for ART	0	21	22	80	123
	Number of people referred for ART and reaching the facility	0	0	6	33	39
I.E.C and Trainings	Number of I.E.C materials distributed	0	0	0	0	0
	Number of people trained in community mobilization for PMTCT	26	0	0	0	26
	Number of people trained in community mobilization for VCT	26	0	0	0	26
	Number of people trained in community mobilization for ART	11	0	0	0	11

Documentation of Referrals

The community partners are participating in still-evolving referral systems. Although still weak, partners were able to collect and document data about people that have been referred and have accessed services. The four CBOs are doing this through maintaining a referral register and collecting referral slips from the health facilities. Surprisingly, in the table of indicators, the number of people referred (that is the number of people in the partners register) is lower than the number of people that have actually reached the health facility (the number of feedback slips collected). CBO partners suggest two possible reasons for the disparity;

- People were referred in the last quarter but only reached the health facility this quarter.
- At the health center some people have mentioned the partner as the source of information and yet they are not recorded in the register of the partner as having been referred to the health center. Health center staff have recorded this information and passed it on to the community partner.

From these numbers it is clear that referral documentation systems used by the CBOs must be strengthened to provide referral data that are consistent and verifiable.

The Expanded Church Response (ECR), a ZPCT associate partner, is conducting community mobilization activities in church communities in Kabwe and Mkushi Districts in Central Province. A 5-day workshop was conducted in Mkushi from October 3 – 6 for 47 church leaders. A similar workshop was held last quarter for church leaders in Kabwe. In Kabwe, as follow-on to the church leaders' training, discussions were held with the church leaders, health facility staff and members of the neighborhood health committees (NHCs) from Makululu and Mahatma Gandhi Health Center catchment areas to discuss how community mobilization activities can be coordinated among FBOs and churches. A committee was formed for each of the two health facility catchment areas. A similar process has been initiated for the Kabwe leaders.

At all trainings and meetings, information on CT, PMTCT, ART, and available care and support at the community level is presented and discussed. To ensure feed back and follow up of clients being referred from churches and FBO, a referral form was developed and distributed to all groups working in partnership with ECR.

4.3.3 Provincial and District Community Mobilization Programs

During this reporting period, IHAA focused activities on the Copperbelt Province and planned to pilot innovative approaches as potential models for community mobilization. This included:

- Assessments in Phase 1 and 2 districts to find groups with potential for contributing to community mobilization efforts. Based on these assessments, IHAA determined that a combination of grants provision and support to Neighborhood Health Committees (NHCs) is the most feasible and potentially effective approach.
- Developing District Operations Plans: Tentative operational plans for Ndola, Mufulira and Chingola districts were drafted, outlining the CBO and NHC partners that would be supported and the activities each might undertake. Completion of these plans was stopped due to the proposed termination of the IHAA agreement.

The Copperbelt provincial office staff were involved in these efforts, and will continue development of plans for the Phase 1 and 2 districts incorporating the information provided, recommendations of IHAA, and lessons learned. Provincial offices in the other four ZPCT-supported provinces have continued to develop plans and budgets for Phase 1 districts, and will also initiate plans for Phase 2 districts.

4.3.4 Developing Referral Networks

ZPCT is committed to developing and maintaining strong networks to enhance the quality of life for people living with HIV/AIDS (PLHA) in the districts. ZPCT has worked closely with staff of ZPCT-supported facilities to streamline and strengthen referrals within the facility. In addition, the Partnership has developed a strategy to strengthen linkages between groups providing HIV/AIDS related services in the communities around ZPCT-supported facilities, including community groups, other service facilities, and programs supported by USG and other partners.

By the end of this quarter ZPCT Provincial Referral Officers had been identified for each of the provinces and the Central Province Referral Officer reported for duty. The others will begin early in the next quarter.

Provincial offices continue efforts in this crucial area, and are focusing on integrating this with other community mobilization efforts. The table below illustrates some of the key activities that had been completed by December 31, and the approach being taken.

Referral Networks -- What has been done	Province				
	Cen	CB	NW	Nth	Lua
Meetings with PHOs, DHMTs, and HMTs	+	+	+	+	+
Discussions with health facilities, review of what is already in place	+		+	+	+
Mapping	+	+	+	+	+
Steering Committee formed to plan Stakeholders Meeting	+			+	+
Stakeholders Meeting(s) Held	1	1	4	1	1
Formation of District-Level committees	1		4	1	1
Small Groups working on operations manual	+				+
Task Group to develop standard referral form	+		+		
Directory entry form developed	+		+	+	
Identified and interviewed candidates for Referral Officer	+	+	+	+	+
Provincial Team Referral Officer in place	+	01/06	01/06	01/06	01/06

4.3.5 Community Training

4.3.4.1 Lay Counselors: Training and Placement

In November, a training workshop for 20 lay counselors took place in Kasama facilitated by the Zambia Counseling Council. Participants were from Kasama and Nakonde, and were selected from health facilities as well as from the Kasama Child-Crisis Center (an IHAA-supported CBO). When these lay counselors have completed their practicum (ongoing in ZPCT-supported health facilities) they will be based in facilities. The following table shows the number of lay counselors health facilities where they will be based.

District	Health Facility	Number of Lay Counselors
Kasama	Lukupa Rural Health Centre	6
	Kasama Urban Clinic	4
	Location Clinic	2
Nakonde	Chilolwa Rural Health Centre	2
	Mwenzo Rural Health Centre	2
	Nakonde District Hospital	2
	Waitwika Rural Health Centre	2
Total		20

With the training of 20 counselors this quarter, the number of counselors trained by the ZPCT is 70, including 21 in Ndola, 13 in Mkushi and 16 in Mansa.

4.3.4.2 Stigma and Discrimination Training

In November 2005, 38 health care workers from 17 health facilities based in Ndola, Kitwe and Chingola were trained by IHAA in reduction of stigma and reduction of discrimination in health facilities and communities. IHAA's expectation is that these HCWs will develop ways to share the knowledge and skills they acquired with colleagues in their facilities. The following table shows the district, the health facility and the number of people trained from that particular health facility.

District	Health Facility	Number of HCWs Trained in S&D
Ndola	Ndola Central Hospital	3
	Nkwazi Health Centre	2
	Lubuto Clinic	2
	Chipokota Mayamba Clinic	2
	Ndeke Clinic	2
	Mushili Clinic	2
	Chipulukusu Clinic	2
	Kawama Clinic	2
Kitwe	Kitwe Central Hospital	2
	Ndeke Clinic	2
	Buchi Main Clinic	2
	Luangwa Health Centre	2
	Chimwemwe Clinic	2
Chingola	Kabundi East Clinic	2
	Nchanga North Hospital	4
	Chiwempala Clinic	2
	Chawama Health Centre	3
Total		38

Including these HCWs, IHAA trained 56 people in stigma and discrimination with ZPCT funds. The other 18, who were trained as trainers in July 2005, are from eight CBOs in Kasama, Nakonde, Mansa and Solwezi. Although the original plan was that the trainers would form teams in their districts to help both communities and health facility staff to overcome stigma and discrimination, no formal activities have been conducted. Development and implementation of a feasible strategy must be addressed by the ZPCT.

4.3.4.3 Training PMTCT Motivators

Fourteen people from around Kabwe were trained as PMTCT motivators (November 14 – 18). Participants were trained in how to educate, motivate and

refer men and women for PMTCT, as well as in basic couple counseling skills. The purpose of the workshop was to prepare PMTCT motivators to mobilize women and increase male participation in PMTCT. The table below shows the health centers with which these motivators are affiliated.

PMTCT Motivators in Kabwe

Health Facility	Number of Motivators
Bwacha Clinic	4
Mahatma Gandhi Clinic	3
Makululu Health Centre	4
Pollen Clinic	3
Total	14

4.3.6 Key Issues/Constraints

- Lay counselor Supervision and Motivation: Lay counselors require organized supervision following their practicum. Providing this supervision in the absence of affiliation with a CBO will be a challenge, and will be faced immediately in Kasama. Strategies to address this issue, particularly with the uncertainty of incentives for lay counselors, must be addressed.
- Referral System: Development and strengthening of referral systems must include both stakeholders from community groups and HCWs, and the roles and contributions of all players understood.
- Training materials for Community Cadres: Training materials designed and tailored to training community cadres are difficult to access and do not exist in all technical areas. Specific training and reference materials for people involved in community mobilization for all areas, including should be identified or developed, if needed.

5. CHALLENGES

The ZPCT Partnership has a great opportunity to work with the GRZ and make a positive contribution to the scale up of HIV/AIDS services in Zambia. The Partnership also faces many challenges. These challenges will only be met through close collaboration with the MOH/CBoH, USAID, other donor agencies, and partner organizations.

Notable challenges exist in the following areas:

➤ **Human Resources**

Staff capacity and availability at all levels within the provinces are below what is required, especially at the health center level. The addition or expansion of HIV-related services further strains the situation. As a response to this, ZPCT continues to work with the MOH/CBoH to find a sustainable mechanism and define procedures to supplement human resource needs in ZPCT-funded facilities. ZPCT has developed a policy to support HCWs who work extra shifts.

➤ **Training and support for HCWs**

Several challenges are inherent in training in Zambia. Training for PMTCT and ART/OIs must follow the Zambia national training curricula. These are both two-week courses, and take staff from already short-staffed facilities for a long period. In addition to the service-related issues, this is also a considerable burden on the ZPCT budget. ZPCT conducted a second in-house training during this quarter, and will continue to work with MOH/CBoH and other partners on alternative strategies and models for training, as well as cost-savings for current trainings.

- ***Inconsistent supplies of HIV commodities and drugs***
Erratic supplies of HIV test kits, reagents, ARVs and other commodities are common and have resulted in interruptions to service provision. This situation is particularly challenging because there are so many points in the supply chain where a breakdown can occur. ZPCT works with staff in the facilities, and with the MOH/CBoH and JSI/Deliver at a national level, on quantification, record keeping, ordering, and commodity management. In addition, ZPCT has procured a stopgap interim supply of reagents. USAID procurement requirements made this challenging. In addition, it has been difficult to negotiate with two facilities to provide these tests free.
- ***Policy to provide free ART***
The GRZ has approved a policy to provide free ART to Zambian citizens. This is a positive public health development, but also one that will challenge the present systems and commodity and drug supplies. Current erratic supplies of ARVs, shortages of reagents, and shortages of medical officers to provide services are proving to be a barrier to full implementation of the policy. ZPCT is working on all of these issues, and will focus increasingly on support to outreach services to address the lack of MOs in some facilities.
- ***National Guidelines, Protocols, and SOPs***
Guidelines and protocols, where they do exist, are not widely distributed and available at the health facilities. Inability of the national government to print sufficient quantities is part of the problem. In addition, quality assurance protocols and systems are lacking. ZPCT is reproducing and disseminating key guidelines to facilities. In addition, technical staff is working with the MOH/CBoH and other partners on development of national SOPs for key procedures, and in the interim, has provided job aids in CT, PMTCT, and ART/OI to ZPCT-supported facilities to enhance quality assurance and improvement.
- ***Implementing M&E Systems in Government Facilities***
The CBoH, both at the national and provincial level, are unwilling for projects to introduce additional, burdensome reporting requirements in government health facilities. Most indicators required for ZPCT reports under PEPFAR are collected through the existing health information system (HMIS), but the few missing indicators and need for more regular reports (monthly vs. quarterly) continue to require additional efforts. Recruitment has begun for data entry clerks to be placed in each ZPCT-supported ART center. This will improve the quality of data and increase the sustainability of improved data collection methods being introduced.
- ***Sustainability and Quality of Services***
As ZPCT expands into more districts and facilities, quality assurance and sustainability become increasingly important, and more challenging. ZPCT's central and provincial level staff will continue to provide technical assistance and mentor staff to ensure quality. In addition, quality assurance tools have been introduced.
- ***Budget Issues***
The recent appreciation of the Zambian kwacha is having a devastating effect on this year's budget, and could decrease available project funds by 30%. The resulting scaling back of activities may have an effect on targets.

Strategies to respond to these challenges have been incorporated into the ZPCT work plan.

6. PLANS FOR THE NEXT QUARTER

Highlights from the plans for the next quarter are described below. In addition to the specific activities listed, the ZPCT Partnership will continue to build a strong partnership with CBoH/MOH, CBO/FBO, and other partner organizations at the provincial and district levels, and with staff and management in facilities.

- Complete renovations and procurement of equipment and supplies for Phase 1 and Phase 2 facilities and DHMTs. Initiate process for Phase 2 facilities.
- Complete training and initiation and expansion of services planned for Phase 2 districts.
- Continue follow up supportive supervision, in collaboration with CBoH and partners, to ensure that training is being put into practice and having a positive impact on quality of services in ZPCT-supported facilities.
- Conduct technical assistance and quality assurance visits to Phase 1 and Phase 2 sites and expand quality assurance/quality improvement systems to ensure quality of services.
- Establish zoning and sample transfer system with fully operational Facscount machines in key facilities.
- Finalize transport reimbursement policy and negotiate its implementation with DHMTs in Phase 1 and Phase 2 facilities.
- Complete district level community mobilization plans for Phase 1 districts specifying activities linked to communities surrounding ZPCT-supported facilities. Initiate planning process for Phase 2 districts. This was not completed as planned last quarter due to the change in direction necessitated by the upcoming termination of the IHAA agreement.
- In collaboration with MOH/CBoH and partners (CIDRZ, CRS, CDC, HSSP) create a harmonized patient tracking form. Following its completion, ZPCT will work with the MOH/CBoH to finalize related SOPs.
- Complete training modules for treatment support workers, to strengthen adherence counseling, identify and train support workers for Phase 1 ART centers.
- Collaborate with CHAZ to provide support to two mission facilities in Phase 1 districts and two in Phase 2 districts.
- Continue to collaborate with associate partner organizations on management of agreements and implementation and reporting of project activities; provide support and monitoring to assure quality.
- Develop work plan for 1 April 2006 to 30 September 2007, and longer term project strategy focusing on sustainability and quality.

Attachment A: Status of ZPCT-Supported Services in Phase 1 & 2 Districts

Table 1: Status of CT Sites – Phase 1 and 2 Districts (as of 31 Dec 05)

Province District	Facility	New CT Site	Staff Trained by ZPCT	Status of Renovation	Status of CT Services
Central					
Kabwe Phase 1	Kabwe General Hospital	No	Yes	Completed	CT services ongoing
	Bwacha HC	No	Yes	Completed	CT services ongoing
	Mahatma Ghandi HC	No	Yes	Completed	CT services ongoing
	Makululu HC	No	Yes	Near Completion	CT services ongoing
	Pollen HC	No	Yes	Completed	CT services ongoing
Phase 2	Kabwe Mine Hospital	No	No	Not started	CT services ongoing
Mkushi Phase 1	Mkushi District Hospital	No	Yes	Completed	CT services ongoing
	Chibefwe HC	Yes	Yes	On going	CT services initiated
	Chalata HC	Yes	Yes	Completed	CT services initiated
	Masansa HC	Yes	Yes	Ongoing	CT services ongoing
Serenje Phase 2	Serenje District Hospital	No	No	Not started	CT services ongoing
	Chitambo Hospital	No	No	Not started	CT services ongoing
Chibombo Phase 2	Liteta District Hospital	No	No	Not started	CT services ongoing
	Chikobo RHC	No	No	Seeking Vendors	CT services ongoing
	Mwachisompola Health Demonstration Zone	No	No	Seeking Vendors	CT services ongoing
Copperbelt					
Ndola Phase 1	Ndola Central Hospital	Yes	Yes	Completed; ZPCT certification done	CT services started
	Arthur Davidson Hosp	No	Yes	N/A	CT services ongoing
	Lubuto HC	No	Yes	N/A	CT services ongoing
	Chipulukusu HC	No	Yes	Completed	CT services ongoing
	Mushili Clinic	No	Yes	ongoing	CT services ongoing
	Nkwazi Clinic	No	Yes	Contractor chosen	CT services ongoing
	Chipokota Mayamba HC	No	Yes	Completed	CT services ongoing
	Kawama HC	No	Yes	ongoing	CT services ongoing
	Ndeke Health Center	No	Yes	ongoing	CT services ongoing
Chingola Phase 1	Nchanga North General Hosp	No	Yes	Contractor asked to re do work	CT services ongoing
	Chiwempala HC	No	Yes	N/A	CT services ongoing
	Chawama HC	No	Yes	completed	CT services ongoing
	Kabundi East Clinic	No	Yes	Contractor asked to re-do work	CT services ongoing
Phase 1	Kitwe Central Hospital	No	Yes	Rooms identified by hospital	CT services ongoing
Kitwe Phase 2	Ndeke Health Center	No	Yes	Seeking contractors	CT services ongoing
	Buchi Health Center	No	Yes	Seeking contractors	CT services ongoing
	Chimwemwe Clinic	No	Yes	Seeking contractors	CT services ongoing
	Luangwa Health Center	No	Yes	Seeking contractors	CT services ongoing
Luanshya Phase 2	Thompson District Hospital	No	Yes	Seeking contractors	CT services ongoing
	Mikomfwa Health Center	Yes	Yes	Seeking contractors	CT services initiated
	Mpatamatu Sec 26 Urban Clinic	Yes	Yes	Seeking contractors	CT services initiated

Attachment A: Status of ZPCT-Supported Services in Phase 1 & 2 Districts

Table 1: Status of CT Sites – Phase 1 and 2 Districts (as of 31 Dec 05)					
Province District	Facility	New CT Site	Staff Trained by ZPCT	Status of Renovation	Status of CT Services
Mufulira <i>Phase 2</i>	Kamuchanga District Hosp	No	Yes	About to identify contractors	CT services ongoing
	Clinic 3 Mine Clinic	Yes	Yes	About to identify contractors	CT services initiated
	Kansunswa Health Center	Yes	Yes	About to identify contractors	CT services initiated
Kalalushi <i>Phase 2</i>	Kalulushi Government Clinic	No	Yes	About to identify contractors	CT services ongoing
	Chambishi Health Center	No	Yes	N/A	CT services ongoing
North Western			No		
Kabompo <i>Phase 1</i>	Kabompo District Hospital	No	Yes	Seeking vendors	CT services ongoing
	St. Kalembe Rural HC	No	Yes	BOQs obtained CHAZ	CT services ongoing
Solwezi <i>Phase 1</i>	Solwezi General Hospital	No	Yes	Completed	CT services ongoing
	Solwezi Urban HC	No	Yes	Completed	CT services ongoing
	Mapunga Rural HC	Yes	Yes	ongoing	CT services ongoing
	St. Dorothy RHC	Yes	Yes	Near completion	CT services ongoing
	<i>Phase 2</i> Mutanda Health Center	No	No	Seeking vendors	CT services ongoing
Zambezi <i>Phase 2</i>	Zambezi District Hospital	No	Yes	Seeking vendors	CT Services ongoing
	Zambezi Urban HC	No	Yes	Seeking vendors	Not yet initiated
	Mize Health Center	No	Yes	Seeking vendors	CT Services ongoing
Mwinilunga <i>Phase 2</i>	Mwinilunga District Hospital	No	Yes	Seeking vendors	CT services ongoing
	Kanyihampa Health Center	Yes	Yes	Seeking vendors	Not yet initiated
Northern					
Kasama <i>Phase 1</i>	Kasama General Hospital (previously used Kasama UHC)	Yes	Yes	Completed	CT services ongoing
	Kasama Urban HC	No	Yes	Completed	CT services ongoing
	Location Urban HC	Yes	Yes	Near completion	CT services ongoing
	Chilubula Mission RHC	No	Yes	Pending CHAZ assessment	CT services ongoing
	Lukupula Rural HC	Yes	Yes	Completed	CT services ongoing
Nakonde <i>Phase 1</i>	Nakonde Rural HC	No	Yes	Completed	CT services ongoing
	Chilolwa Rural HC	Yes	Yes	Completed	Services initiated
	Waitwika Rural HC	Yes	Yes	Completed	Services initiated
	Mwenzo Rural HC	Yes	Yes	Completed	Services initiated
Mpika <i>Phase 2</i>	Mpika District Hospital	No	Yes	Opening bids	CT services ongoing
	Mpika Health Center	No	Yes	Opening bids	CT services ongoing
Chinsali <i>Phase 2</i>	Chinsali District Hospital	No	Yes	Opening bids	CT services ongoing
	Chinsali Health Center	No	Yes	Opening bids	CT services ongoing
Mbala <i>Phase 2</i>	Mbala General Hospital	No	Yes	Re-Advertising as no one qualified.	CT services ongoing
	Mbala Urban Health Center	Yes	Yes	Contractor selected	CT services ongoing
	Tulemane Urban HC	No	Yes	Contractor selected	CT services ongoing
Mpulunga <i>Phase 2</i>	Mpulunga Health Center	No	Yes	Contractor selected Works to commence.	Not yet initiated

Attachment A: Status of ZPCT-Supported Services in Phase 1 & 2 Districts

<i>Table 1: Status of CT Sites – Phase 1 and 2 Districts (as of 31 Dec 05)</i>					
Province District	Facility	New CT Site	Staff Trained by ZPCT	Status of Renovation	Status of CT Services
Luapula					
Mansa Phase 1	Mansa General Hospital	No	Yes	Completed	CT services ongoing
	Senama HC	Yes	Yes	Completed	CT Services on going
	Central Clinic	No	Yes	completed	CT Services ongoing
	Chembe Rural HC	Yes	Yes	Completed pending water connections.	CT Services initiated
	Matanda Rural HC	Yes	Yes	Completed	CT Services initiated
Kawambwa Phase 2	Kawambwa District Hospital	No	No	contractors selected	CT Services on going
	Kawambwa Health Center	No	No	contractors selected	CT Services on going
	Mbereshi Hospital	No	No	contractors selected	CT Services on going
Mwense Phase 2	Mambilima Health Center	No	No	contractors selected	CT Services on going
	Mwense Health Center	No	No	contractors selected	CT Services on going
Samfya Phase 2	Lubwe Mission Hospital	No	No	contractors selected	CT Services on going
	Samfya Health Center	No	No	contractors selected	CT Services on going

Attachment A: Status of ZPCT-Supported Services in Phase 1 & 2 Districts

Table 2: Status of PMTCT Sites – Phase 1 and 2 (as of 31 Dec 05)

Province District	Facility	New PMTCT Site	Staff Trained by ZPCT	Status of Renovation	Status of PMTCT Services
Central					
Kabwe Phase 1	Kabwe General Hospital	No	Yes	Ongoing	PMTCT Services ongoing
	Bwacha HC	Yes	Yes	Completed	PMTCT Services ongoing
	Mahatma Ghandi HC	No	Yes	Completed	PMTCT Services ongoing
	Makululu HC	No	Yes	Near completion	PMTCT Services ongoing
	Pollen HC	No	Yes	Completed	PMTCT Services ongoing
Phase 2	Kabwe Mine Hospital	Yes	Yes	Seeking Vendors	PMTCT Services ongoing
Mkushi Phase 1	Mkushi District Hospital	Yes	Yes	Completed	PMTCT Services ongoing
	Chibefwe HC	Yes	Yes	Ongoing	PMTCT Services ongoing
	Chalata HC	Yes	Yes	Completed	PMTCT Services ongoing
	Masansa HC	Yes	Yes	Ongoing	PMTCT Services ongoing
Serenje Phase 2	Serenje District Hospital	No	Yes	Seeking Vendors	PMTCT Services ongoing
	Chitambo Hospital	Yes	Yes	Seeking Vendors	PMTCT Services ongoing
Chibombo Phase 2	Liteta District Hospital	Yes	Yes	Seeking Vendors	PMTCT Services ongoing
	Chikobo RHC	Yes	Yes	Seeking Vendors	PMTCT Services ongoing
	Mwachisopola Health Demonstration Zone	Yes	Yes	Seeking Vendors	PMTCT Services ongoing
Copperbelt					
Ndola Phase 1	Ndola Central Hospital	No	Yes	Completed; ZPCT certification done	PMTCT Services ongoing
	Arthur Davison Hospital	Yes	Yes	Contractor chosen	Limited PMTCT Services ongoing
	Lubuto HC	No	Yes	N/A	PMTCT Services ongoing
	Chipulukusu HC	No	Yes	N/A	PMTCT Services ongoing
	Mushili Clinic	No	Yes	N/A	PMTCT Services ongoing
	Nkwazi Clinic	No	Yes	N/A	PMTCT Services ongoing
	Chipokota Mayamba HC	No	Yes	N/A	PMTCT Services ongoing
	Kawama HC	No	Yes	N/A	PMTCT Services ongoing
	Ndeke Health Center	No	No	N/A	PMTCT Services ongoing
Chingola Phase 1	Nchanga North General Hospital	Yes	Yes	Contractor asked to re do work	Services Initiated
	Chiwempala HC	Yes	Yes	N/A	Services Initiated
	Chawama HC	Yes	Yes	Completed	Services Initiated
	Kabundi East Clinic	Yes	Yes	N/A	Services Initiated
Phase 1	Kitwe Central Hospital	No	Yes	N/A	PMTCT Services ongoing
Kitwe Phase 2	Ndeke Health Center	No	Yes	Seeking contractors	PMTCT Services ongoing
	Buchi Health Center	No	Yes	Seeking contractors	PMTCT Services ongoing
	Chimwemwe Clinic	No	Yes	Seeking contractors	PMTCT Services ongoing
	Luangwa Health Center	No	Yes	N/A	PMTCT Services ongoing
Luanshya Phase 2	Thompson District Hospital	Yes	Yes	Seeking contractors	Services Initiated
	Mikomfwa Health Center	Yes	Yes	Seeking contractors	Services Initiated
	Mpatamatu Sec 26 Urban Clinic	Yes	Yes	Seeking contractors	Services Initiated

Attachment A: Status of ZPCT-Supported Services in Phase 1 & 2 Districts

Table 2: Status of PMTCT Sites – Phase 1 and 2 (as of 31 Dec 05)

Province District	Facility	New PMTCT Site	Staff Trained by ZPCT	Status of Renovation	Status of PMTCT Services
Mufulira Phase 2	Kamuchanga District Hosp	No	Yes	Seeking contractors	PMTCT Services ongoing
	Clinic 3 Mine Clinic	No	Yes	N/A	PMTCT Services ongoing
	Kansunswa Health Center	No	Yes	Seeking contractors	PMTCT Services ongoing
Kalalushi Phase 2	Kalulushi Government Clinic	Yes	Yes	Seeking contractors	To be initiated soon
	Chambishi Health Center	Yes	Yes	N/A	Services Initiated
North Western					
Kabompo Phase 1	Kabompo District Hosp	No	Yes	Awaiting approval of vendors from CO	PMTCT Services ongoing
	St. Kalembe Rural HC	Yes	No	CHAZ	Services not yet initiated
Solwezi Phase 1	Solwezi General Hospital	No	Yes	Completed	PMTCT Services ongoing
	Solwezi Urban HC	Yes	Yes	Completed	PMTCT Services Initiated
	Mapunga Rural HC	Yes	Yes	Near completion	PMTCT Services initiated
	St. Dorothy RHC	Yes	Yes	Near completion	PMTCT Services initiated
	Mutanda Health Center	Yes	No	Seeking vendors	PMTCT services ongoing
Zambezi Phase 2	Zambezi District Hospital	No	No	Seeking vendors	PMTCT Services ongoing
	Zambezi Urban HC	No	No	Seeking vendors	PMTCT Services ongoing
	Mize Health Center	Yes	No	Seeking vendors	Services not yet started
Mwinilunga Phase 2	Mwinilunga District Hospital	No	No	Seeking vendors	PMTCT Services ongoing
	Kanyihampa Health Center	No	No	Seeking vendors	PMTCT services ongoing
Northern					
Kasama Phase 1	Kasama General Hospital	Yes	Yes	NA	PMTCT Services ongoing
	Kasama Urban HC	Yes	Yes	Completed	PMTCT Services ongoing
	Location Urban HC	Yes	Yes	Near completion	Services initiated
	Chilubula Mission RHC	No	No	Pending CHAZ assessment	PMTCT Services ongoing
	Lukupa Rural HC	Yes	Yes	Completed	PMTCT Services ongoing
Nakonde Phase 1	Nakonde Rural HC	Yes	Yes	Completed	PMTCT Services ongoing
	Chilolwa Rural HC	Yes	Yes	Completed	Services initiated
	Waitwika Rural HC	Yes	Yes	Completed	Services initiated
	Mwenzo Rural HC	Yes	Yes	Completed	Services initiated
Mpika Phase 2	Mpika District Hospital	No	Yes	Opening bids	To start in Jan. 06
	Mpika Health Center	No	Yes	Opening bids	To start in Jan. 06
Chinsali Phase 2	Chinsali District Hospital	Yes	Yes	Opening bids	To start in Jan. 06
	Chinsali Health Center	Yes	Yes	Opening bids	To start Jan. 06
Mbala Phase 2	Mbala General Hospital	Yes	Yes	Opening bids	To start Jan. 06
	Mbala Urban Health Center	Yes	Yes	Opening bids	To start Jan 06
	Tulemane Urban HC	Yes	Yes	Opening bids	To start Jan. 06
Mpulungu Phase 2	Mpulungu Health Center	Yes	Yes	Opening bids	To start Jan. 06
Luapula					
Mansa Phase 1	Mansa General Hospital	No	Yes	Completed	PMTCT Services ongoing
	Senama HC	Yes	Yes	Completed	PMTCT Services initiated
	Central Clinic	Yes	Yes	Completed	PMTCT Services initiated
	Chembe Rural HC	Yes	Yes	Completed pending water connections.	PMTCT Services initiated

Attachment A: Status of ZPCT-Supported Services in Phase 1 & 2 Districts

<i>Table 2: Status of PMTCT Sites – Phase 1 and 2 (as of 31 Dec 05)</i>					
Province District	Facility	New PMTCT Site	Staff Trained by ZPCT	Status of Renovation	Status of PMTCT Services
Kawambwa Phase 2	Kawambwa District Hospital	No	Yes	Contractors selected	PMTCT services ongoing
	Kwambwa Health Center	Yes	Yes	Contractors selected	PMTCT services initiated
	Mbereshi Hospital	Yes	Yes	Contractors selected	PMTCT Services initiated
Mwense Phase 2	Mambilima Health Center	Yes	Yes	Contractors selected	PMTCT Services initiated
	Mwense Health Center	Yes	Yes	Contractors selected	PMTCT Services initiated
Samfya Phase 2	Lubwe Mission Hospital	Yes	Yes	Contractors selected	PMTCT Services initiated
	Samfya Health Center	Yes	Yes	Contractors selected	PMTCT Services initiated

Attachment A: Status of ZPCT-Supported Services in Phase 1 & 2 Districts

Table 3: Status of ART Sites – Phase 1 and 2 (as of 31 Dec 05)					
Province District	Facility	New ART Center	Staff Trained by ZPCT	Status of Renovation	Status of ART Service
Central					
Kabwe <i>Phase 1</i>	Kabwe General Hospital	No	Yes	Completed	ART services ongoing
	Mahatma Ghandi	Yes	Yes	Seeking Vendors (Phase 2)	ART services ongoing
<i>Phase 2</i>	Kabwe Mine Hospital	Yes	Yes	Seeking Vendors	ART services ongoing
Mkushi <i>Phase 1</i>	Mkushi District Hospital	Yes	Yes	Completed	ART services ongoing
Serenje <i>Phase 2</i>	Serenje District Hospital	No	Yes	Seeking Vendors	ART services ongoing
	Chitambo Hospital	Yes	Yes	Seeking Vendors	ART services ongoing
Chibombo <i>Phase 2</i>	Liteta District Hospital	No	Yes	Seeking Vendors	ART services ongoing
Copperbelt					
Ndola <i>Phase 1</i>	Ndola Central Hospital	No	Yes	1st stage work Completed, 2 nd Works in progress	ART services ongoing
	Arthur Davison Hosp	No	Yes	Completed	ART services ongoing
	Lubuto HC	No	Yes	N/A	ART services ongoing
	Chipulukusu HC	Yes	Yes	Completed	ART services to start soon
	Chipokota Mayamba HC	No	Yes	Completed	ART services ongoing
Chingola <i>Phase 1</i>	Nchanga N. Gen Hospital	No	Yes	Contractor asked to re do work	ART services ongoing
	Chiwempala HC	Yes	Yes	Contractor asked to re do work	ART services initiated
<i>Phase 2</i>	Kubandi East Clinic	Yes		NA	ART services initiated by DHMT – ZPCT will strengthen
<i>Phase 1</i>	Kitwe Central Hospital	No	Yes	Completed, ZPCT certification done	ART services ongoing
Kitwe <i>Phase 2</i>	Ndeke Health Center	No	Yes	About to identify contractors	ART services ongoing
	Chimwemwe Clinic	No	Yes	About to identify contractors	ART services ongoing
Luanshya <i>Phase 2</i>	Thompson District Hospital	Yes	Yes	About to identify contractors	ART services ongoing
Mufulira <i>Phase 2</i>	Kamuchanga District Hospital	No	Yes	About to identify contractors	ART services ongoing
Kalalushi <i>Phase 2</i>	Kalalushi Government Clinic	No	Yes	About to identify contractors	ART services ongoing
North Western					
Kabompo <i>Phase 1</i>	Kabompo District Hospital	Yes	Yes	Awaiting approval of vendors for CO	ART services ongoing
Solwezi <i>Phase 1</i>	Solwezi General Hospital	No	Yes	Completed	ART services ongoing
Zambezi <i>Phase 2</i>	Zambezi District Hospital	Yes	Yes	Seeking vendors	ART service initiated on the 14th December 2005.

Attachment A: Status of ZPCT-Supported Services in Phase 1 & 2 Districts

<i>Table 3: Status of ART Sites – Phase 1 and 2 (as of 31 Dec 05)</i>					
Province District	Facility	New ART Center	Staff Trained by ZPCT	Status of Renovation	Status of ART Service
Mwinilunga Phase 2	Mwinilunga District Hosp	No	Yes	Seeking vendors	ART services on going
Northern					
Kasama Phase 1	Kasama General Hospital	No	Yes	Completed	ART services ongoing
Nakonde Phase 1	Nakonde Rural HC	Yes	Yes	Ongoing	ART services initiated
Mpika Phase 2	Mpika District Hospital	No	Yes	Opening bids	On going
Chinsali Phase 2	Chinsali District Hospital	No	Yes	Opening bids	Not yet initiated
Mbala Phase 2	Mbala General Hospital	No	Yes	Opening bids	On going
Mpulungu Phase 2	Mpulungu Health Center	Yes	Yes	Opening bids	Not yet initiated
Luapula					
Mansa	Mansa General Hospital	No	Yes	Completed	ART services ongoing
Kawambwa Phase 2	Kawambwa District Hosp	No	Yes	contractors selected	ART services ongoing
	Mbereshi Hospital	Yes	Yes	contractors selected	ART services strengthened & ongoing
Mwense Phase 2	Mwambilima HC	No	Yes	contractors selected	Not yet initiated
Samfya Phase 2	Lubwe Mission Hospital	No	Yes	contractors selected	ART services ongoing

Attachment A: Status of ZPCT-Supported Services in Phase 1 & 2 Districts

Table 4: Status of Clinical Care Sites – Phase 1 and 2 (as of 31 Dec 05)				
Province District	Facility	Staff Trained by ZPCT	Status of Renovation	Status of Clinical Care Services
Central				
Kabwe Phase 1	Kabwe General Hospital	Yes	Completed	Services ongoing
	Bwacha HC	Yes	Completed	Services ongoing
	Mahatma Ghandi HC	Yes	Seeking Vendors (additional work in Phase 2)	Services ongoing
	Makululu HC	Yes	Completed	Services ongoing
	Pollen HC	Yes	Completed	Services ongoing
Phase 2	Kabwe Mine Hospital	Yes		
Mkushi Phase 1	Mkushi District Hospital	Yes	Completed	Services ongoing
	Chibefwe HC	Yes	Near completion	Services ongoing
	Chalata HC	Yes	Completed	Services ongoing
	Masansa HC	Yes	Near completion	Services ongoing
Serenje Phase 2	Serenje District Hospital	Yes	Seeking Vendors	Services ongoing
	Chitambo Hospital	Yes	Seeking Vendors	Services ongoing
Chibombo Phase 2	Liteta District Hospital	Yes	Seeking Vendors	Services ongoing
	Chikobo RHC	Yes	Seeking Vendors	Services ongoing
	Mwachisopola Health Demonstration Zone	Yes	Seeking Vendors	Services ongoing
Copperbelt				
Ndola Phase 1	Ndola Central Hospital	Yes	Completed; ZPCT certification done. 2 nd Works in progress	Services ongoing
	Arthur Davidson Hosp	Yes	Completed	Services ongoing
	Lubuto HC	Yes	N/A	Services ongoing
	Chipulukusu HC	Yes	Completed	Services ongoing
	Mushili Clinic	No	N/A	Services ongoing
	Nkwazi Clinic	No	N/A	Services ongoing
	Chipokota Mayamba HC	Yes	Completed	Services ongoing
	Kawama HC	No	N/A	Services ongoing
	Ndeke Health Center	No	N/A	Services ongoing
Chingola Phase 1	Nchanga North General Hosp	Yes	Contractor asked to re do the work	Services ongoing
	Chiwempala HC	Yes	Contractor asked to re do the work	Services ongoing
	Chawama HC	No	N/A	Services ongoing
	Kabundi East Clinic	Yes	N/A	Services ongoing
Phase 1	Kitwe Central Hospital	Yes	N/A	Services ongoing
Kitwe Phase 2	Ndeke Health Center	Yes	Seeking contractors	Services ongoing
	Buchi Health Center	No	N/A	Services ongoing
	Chimwemwe Clinic	Yes	Seeking contractors	Services ongoing
	Luangwa Health Center	No	N/A	Services ongoing
Luanshya Phase 2	Thompson District Hospital	Yes	About to identify contractors	Services ongoing
	Mikomfwa Health Center	No	N/A	Services ongoing
	Mpatamatu Sec 26 Urban	No	N/A	Services ongoing

Attachment A: Status of ZPCT-Supported Services in Phase 1 & 2 Districts

Table 4: Status of Clinical Care Sites – Phase 1 and 2 (as of 31 Dec 05)				
Province District	Facility	Staff Trained by ZPCT	Status of Renovation	Status of Clinical Care Services
	Clinic			
Mufulira Phase 2	Kamuchanga District Hosp	Yes	Seeking contractors	Services ongoing
	Clinic 3 Mine Clinic	No	N/A	Services ongoing
	Kansunswa Health Center	No	N/A	Services ongoing
Kalalushi Phase 2	Kalulushi Government Clinic	Yes	Seeking contractors	Services ongoing
	Chambishi Health Center	No	N/A	Services ongoing
North Western				
Kabompo Phase 1	Kabompo District Hospital	Yes	Awaiting approval of vendors from CO	Services ongoing
	St. Kalembe Rural HC	Yes	CHAZ	Services ongoing
Solwezi Phase 1	Solwezi General Hospital	Yes	Completed	Services ongoing
	Solwezi Urban HC	Yes	Completed	Services ongoing
	Mapunga Rural HC	Yes	ongoing	Services ongoing
	St. Dorothy RHC	Yes	Near completion	Services ongoing
	Phase 2 Mutanda Health Center	Yes	Seeking vendors	Services ongoing
Zambezi Phase 2	Zambezi District Hospital	Yes	Seeking vendors	Services ongoing
	Zambezi Urban HC	Yes	Seeking vendors	Services ongoing
	Mize Health Center		Seeking vendors	Services ongoing
Mwinilunga Phase 2	Mwnilunga District Hospital	Yes	Seeking vendors	Services ongoing
	Kanyihampa Health Center	Yes	Seeking vendors	Services ongoing
Northern				
Kasama Phase 1	Kasama General Hospital	Yes	Walk-way construction remaining	Services ongoing
	Kasama Urban HC	Yes	installation of formica bench tops in lab remains	Services ongoing
	Location Urban HC	Yes	Ongoing	Services ongoing
	Chilubula Mission Rural HC	Yes	Pending CHAZ assessment	Services ongoing
	Lukupula Rural HC	Yes	installation of formica bench tops in lab remains	Services ongoing
Nakonde Phase 1	Nakonde Rural HC	Yes	Completed	Services ongoing
	Chilolwa Rural HC	Yes	Completed	Services ongoing
	Waitwika Rural HC	Yes	Completed	Services ongoing
	Mwenzu Rural HC	Yes	Completed	Services ongoing
Mpika Phase 2	Mpika District Hospital			Services ongoing
	Mpika Health Center	Yes	Opening bids	Services ongoing
Chinsali Phase 2	Chinsali District Hospital	Yes	Opening bids	Services ongoing
	Chinsali Health Center	Yes	Opening bids	Services ongoing
Mbala Phase 2	Mbala General Hospital	Yes	Opening bids	Services ongoing
	Mbala Urban Health Center	Yes	Opening bids	Services ongoing
	Tulemane Urban HC	Yes	Opening bids	Services ongoing
Mpulunga Phase 2	Mpulungu Health Center	Yes	Opening bids	Services ongoing
Northern				
Kasama Phase 1	Kasama General Hospital	Yes	Completed apart from the Walk-way construction	Services ongoing

Attachment A: Status of ZPCT-Supported Services in Phase 1 & 2 Districts

Table 4: Status of Clinical Care Sites – Phase 1 and 2 (as of 31 Dec 05)				
Province District	Facility	Staff Trained by ZPCT	Status of Renovation	Status of Clinical Care Services
Kasama <i>Phase 1</i>	Kasama Urban HC	Yes	completed except installing formica bench tops in lab	Services ongoing
	Location Urban HC	Yes	Ongoing	Services ongoing
	Chilubula Mission Rural HC	Yes	Pending CHAZ assessment	Services ongoing
	Lukupa Rural HC	Yes	Completed except installing formica bench top in lab	Services ongoing
Nakonde <i>Phase 1</i>	Nakonde Rural HC	Yes	Completed	Services ongoing
	Chilolwa Rural HC	Yes	Completed	Services ongoing
	Waitwika Rural HC	Yes	Completed	Services ongoing
	Mwenzo Rural HC	Yes	Completed	Services ongoing
Mpika <i>Phase 2</i>	Mpika District Hospital			
	Mpika Health Center	Yes	Opening bids	Services ongoing
Chinsali <i>Phase 2</i>	Chinsali District Hospital	Yes	Opening bids	Services ongoing
	Chinsali Health Center	Yes	Opening bids	Services ongoing
Mbala <i>Phase 2</i>	Mbala General Hospital	Yes	Opening bids	Services ongoing
	Mbala Urban Health Center	Yes	Opening bids	Services ongoing
	Tulemane Urban HC	Yes	Opening bids	Services ongoing
Mpulunga <i>Phase 2</i>	Mpulungu Health Center	Yes	Opening bids	Services ongoing
Luapula				
Mansa <i>Phase 1</i>	Mansa General Hospital	Yes	Completed	Services ongoing
	Senama HC	Yes	Completed	Services ongoing
	Central Clinic	Yes	Completed	Services ongoing
	Matanda Rural HC	Yes	Completed	Services ongoing
	Chembe Rural HC	Yes	Completed except water connections.	Services ongoing
Kawambwa <i>Phase 2</i>	Kawambwa District Hospital	Yes	BOQ completed and contractors selected	Services ongoing
	Kwambwa Health Center	Yes	BOQ completed and contractors selected	Services ongoing
	Mbereshi Hospital	Yes	BOQ completed and contractors selected	Services ongoing
Mwense <i>Phase 2</i>	Mambilima Health Center	Yes	BOQ completed and contractors selected	Services ongoing
	Mwense Health Center	Yes	BOQ completed and contractors selected	Services ongoing
Samfya <i>Phase 2</i>	Lubwe Mission Hospital	Yes	BOQ completed and contractors selected	Services ongoing
	Samfya Health Center	Yes	BOQ completed and contractors selected	Services ongoing

**Attachment B: ZPCT Training Courses
(1 October – 31 December 2005)**

Table 1: FACILITY ORIENTATION MEETINGS

Training Course	Dates	Province/District		Number of Facilities	Number Trained
Provincial orientation		Copperbelt/	Kitwe Luanshya Mufulira	4 3 2	75 73 57
Provincial orientation	7/11/05 - 11/11.05	Central	Chibombo Serenje	3 3	78 68
Provincial orientation		Luapula	Kawambwa Samfya Mwense	3 1 1	89 23 23
Provincial orientation		Northern	Mbala Mpulungu Mpika Chinsali	3 1 2 2	159 20 35 39
Provincial orientation		N/western	Zambezi Mwinilunga	3 2	31 59
Total				33	829
Managers Orientation	3/10/05	N/western	Solwezi Kabompo	4 2	8 3
Managers Orientation	5/10/05	Copperbelt	Kitwe Ndola Chingola	1 6 4	3 12 6
Managers Orientation	7/10/05	Central	Kabwe Mkushi	5 3	9 6
Managers Orientation	8/11/05	Northern	Kasama Nakonde	3 4	10 6
Managers Orientation	10/11/05	Luapula	Mansa	3	13
Total				35	76

**Attachment B: ZPCT Training Courses
(1 October – 31 December 2005)**

Table 2A: COUNSELING AND TESTING

Training Course	Dates	Province/District		Number of Facilities	Number Trained
Counseling and Testing	7/11/05 to 19/11/05	N/Western	Solwezi	3	3
			Kabompo	2	3(1 Loloma)
			Mwinilunga	2	6
			Zambezi	3	7
Counseling and Testing	28/11/05 to 10/12/05	Copper belt	Mufulira	3	4
			Kitwe	3	5
			Ndola	4	4
			Luanshya	3	4
			Kalulushi	2	3
Total				25	39

Table 2B: HIV Testing for Counselors

Training Course	Dates	Province/District	Number of Facilities	Number Trained
HIV testing for Counselors	18/10/05	Copperbelt/Ndola	1	12
	20/10/05	Copperbelt Ndola	1	18
	29/10/05	Copperbelt/Ndola	1	18
Total			3	48

Table 3: PMTCT

Training Course	Dates	Province/District		Number of Facilities	Number Trained
PMTCT	31/10/05 to 12/11/05	Copperbelt	Ndola	1	1
			Kitwe	5	5
			Luanshya	3	6
			Kalulushi	2	4
			Mufulila	3	4
PMTCT	7/11/05 to 19/11/05	Luapula	Kawambwa	3	9
			Mwense	3	8
			Samfya	2	6
			Mansa	1	1
PMTCT	28/11/05 to 10/12/05	Northern	Kasama	3	4
			Mpika	2	5
			Mbala	3	7
			Chinsali	2	4
			Nakonde	2	2
			Mpulungu	1	2
PMTCT	28/11/05 to 10/12/05	Central	Kabwe	3	4
			Serenje	2	11
			Chibombo	3	9
Total				44	92

**Attachment B: ZPCT Training Courses
(1 October – 31 December 2005)**

Table 4: ART/CLINICAL CARE

Training Course	Dates	Province/District		Number of Facilities	Number Trained
ART/OIs	14/11/05 to 25/11/05	Northern	Kasama	3	4
			Nakonde	1	1
			Mpika	2	5
			Mpulungu	2	4
			Mbala	3	7
			Chinsali	2	3
ART/OIs	14/11/05 to 25/11/05	Central	Kabwe	1	5
			Chibombo	2	5
			Mkushi	2	4
			Serenje	2	10
ART/OIs	14/11/05 to 25/11/05	Copperbelt	Kitwe	3	8
			Chingola	1	1
			Luanshya	2	6
			Mufulira	3	6
			Kalulushi	1	4
ART/OIs	21/11/05 to 2/12/05	Northwestern	Solwezi	3	6
			Zambezi	1	8
			Mwinilunga	2	10
			Kabompo	1 (Loloma)	1
ART/OIs	21/11/05 to 2/12/05	Luapula	Mansa	3	5
			Samfya	2	5
			Mwense	2	6
			Kawambwa	2	9
Ped ART/OIs (ADH in house)	28/11/05 to 2/12/05	Copperbelt	Ndola	1	30
Total				47	153

Table 5: ART ADHERENCE COUNSELING for HCWs

Training Course	Dates	Province/District	Number of Facilities	Number Trained
Adherence Counseling	16/12/05 to 17/12/05	Copper belt/ Mufulira	1	10
Adherence Counseling	19 /12/05 to 20/12/05	Copper belt/ Kitwe	6	15
Adherence Counseling	21/12/05 - 22/12/05	Copper belt/ Luanshya	2	11
Total			9	36

**Attachment B: ZPCT Training Courses
(1 October – 31 December 2005)**

Table 6: LABORATORY AND PHARMACY

Training Course	Dates	Province/District(s)		Number of Facilities	Number Trained
Drug and Commodity MX Training	28/11/05 to 2/12/05	Copperbelt	Kitwe	2	4
			Kalulushi	1	2
			Luanshya	1	2
			Mufulira	1	2
		N/western	Mwinilunga	1	2
			Zambezi	1	1
		Central	Chibombo	1	2
			Serenje	2	3
			Mkushi	1	1
		Luapula	Samfya	1	2
			Kawambwa	2	4
			Mwense	1	2
		Northern	Mpulungu	1	2
			Mbala	1	2
			Mpika	1	2
			Chinsali	1	2
TOTAL				19	35

Table: 7 MONITORING AND EVALUATION

Training Course	Dates	Province/District(s)		Number of Facilities	Number Trained
M&E in CT	7/11/05 to 19/11/05	N/Western	Solwezi	3	3
			Kabompo	2	3
			Mwinilunga	2	(1 Loloma) 6
			Zambezi	1	7
M&E in CT	28/11/05 to 10/12/05	Copperbelt	Mufulira	3	4
			Kitwe	3	5
			Ndola	4	4
			Luanshya	3	4
			Kalulushi	2	3
SubTotal				23	39

**Attachment B: ZPCT Training Courses
(1 October – 31 December 2005)**

Table: 7 MONITORING AND EVALUATION - continued

Training Course	Dates	Province/District(s)		Number of Facilities	Number Trained
M&E in PMTCT	31/10/05 to 12/11/05	Copperbelt	Ndola	1	1
			Kitwe	5	7
			Luanshya	3	8
			Kalulushi	2	5
			Mufulira	3	5
M&E in PMTCT	7/11/05 to 19/11/05	Luapula	Kawambwa	3	10
			Mwense	3	8
			Samfya	2	8
			Mansa	2	3
M&E in PMTCT	28/11/05 to 10/12/05	Northern	Kasama Mpika	3	4
			Mbala	2	8
			Chinsali	3	13
			Nakonde	2	5
			Mpulungu	2	2
				2	2
M&E in PMTCT	28/11/05 to 10/12/05	Central	Kabwe	3	6
			Serenje	2	13
			Chibombo	3	11
SubTotal				46	119
M&E in ART/OIs	14/11/05 to 25/11/05	Northern	Kasama	3	4
			Nakonde	1	1
			Mpika	2	8
			Mpulungu	2	6
			Mbala	3	12
			Chinsali	2	5
M&E in ART/OIs	14/11/05 to 25/11/05	Central	Kabwe	1	5
			Chibombo	2	7
			Mkushi	2	4
			Serenje	2	12
M&E in ART/OIs	14/11/05 to 25/11/05	Copperbelt	Kitwe	3	10
			Chingola	1	2
			Luanshya	2	8
			Mufulira	3	6
			Kalulushi	2	6
			Ndola	1	1
M&E in ART/OIs	21/11/05 to 2/12/05	Northwestern	Solwezi	3	6
			Zambezi	1	10
			Mwinilunga	2	12
			Kabompo	1 (Loloma)	1
M&E in ART/OIs	21/11/05 to 2/12/05	Luapula	Mansa	3	7
			Samfya	2	6
			Mwense	2	7
			Kawambwa	2	9
Sub Total				47	155
Total – M&E					313

Attachment C: Phase 1 & 2 – Facilities and Services

Central Province				
District	Phase	Facility	Service strengthened	Service initiated
Kabwe	1	Kabwe General Hospital	CT, CC, PMTCT, ART	
		Bwacha Health Center	CT, CC	PMTCT
		Mahatma Gandhi Health Center	CT, CC, PMTCT	ART
		Makululu Health Center	CT, CC, PMTCT	
		Pollen Health Center	CT, CC, PMTCT	
		Kabwe Mine Hospital	CT, CC,	PMTCT, ART
Mkushi	1	Mkushi District Hospital	CT, CC	ART, PMTCT
		Chibefwe Health Center	CC	CT, PMTCT
		Chalata Health Center	CC	CT, PMTCT
		Masansa Health Center	CC	CT, PMTCT
Serenje	2	Serenje District Hospital	CT, CC, PMTCT, ART	
		Chitambo Hospital	CT, CC, PMTCT	ART,
Chibombo	2	Liteta District Hospital	CT, CC, ART	PMTCT
		Chikobo Rural Health Center	CT, CC	PMTCT
		Mwachisopola Rural Health Center	CT, CC	PMTCT
Copperbelt Province				
District	Phase	Facility	Service strengthened	Service Initiated
Ndola	1	Ndola Central Hospital	CC, PMTCT, ART	CT
		Arthur Davidson Hospital	CT, CC, , ART	PMTCT
		Lubuto Health Center	CT, CC, PMTCT, ART	
		Chipulukusu Health Center	CT, CC, PMTCT	ART
		Mushili Clinic	CT, CC, PMTCT	
		Nkwazi Clinic	CT, CC, PMTCT	
		Chipokota Mayamba Health Center	CT, CC, PMTCT, ART	
		Kawama Health Center	CT, CC, PMTCT	
		Ndeke Health Center	CT, CC, PMTCT	
Chingola	1	Nchanga North General Hosp	CT, CC, ART	PMTCT
		Chiwempala Health Center	CT, CC	PMTCT, ART
		Chawama Health Center	CT, CC	PMTCT
		Kabundi East Clinic	CT, CC, ART	PMTCT
Kitwe	1	Kitwe Central Hospital	CT, CC, PMTCT, ART	
	2	Ndeke Health Center	CT, CC,PMTCT, ART	
		Buchi Health Center	CT, CC,PMTCT	
		Chimwemwe Clinic	CT, CC, PMTCT, ART	
		Luangwa Health Center	CT, CC,PMTCT	
Luanshya	2	Thompson District Hospital	CT, CC,	ART, PMTCT
		Mikomfwa Health Center	CC	CT, PMTCT
		Mpatamatu Sec 26 Urban Clinic	CC	CT,PMTCT
Mufulira	2	Kamuchanga District Hospital	CT, CC, PMTCT, ART	
		Clinic 3 Mine Clinic	CC, PMTCT	CT
		Kansunswa Health Center	CC, PMTCT	CT
Kalulushi	2	Kalulushi Government Clinic	CT, CC, ART	PMTCT
		Chambishi Health Center	CT, CC	PMTCT

Luapula Province				
District	Phase	Facility	Service strengthened	Service initiated
Mansa	1	Mansa General Hospital	CT, CC, PMTCT, ART	
		Senama Health Center	CC	CT, PMTCT
		Central Clinic	CT, CC	PMTCT
		Matanda Rural Health Center	CC	CT
		Chembe Rural Health Center	CC	CT, PMTCT
Kawambwa	2	Kawambwa District Hospital	CT, CC, PMTCT, ART	
		Kwambwa Health Center	CT, CC, PMTCT	
		Mbereshi Hospital	CT, CC, PMTCT	ART
Mwense	2	Mambilima Health Center	CT, CC,	PMTCT, ART
		Mwense Health Center	CT, CC	PMTCT
Samfya	2	Lubwe Mission Hospital	CT, CC, ART, PMTCT	
		Samfya Health Center	CT,CC	PMTCT
Northern Province				
District	Phase	Facility	Service strengthened	Service initiated
Kasama	1	Kasama General Hospital	CC, ART	CT , PMTCT
		Kasama Urban Health Center	CT, CC	PMTCT
		Location Urban Health Center	CC	CT, PMTCT
		Chilubula Mission Rural Health Center	CT, CC, PMTCT	
		Lukupa Rural Health Center	CC	CT, PMTCT
Nakonde	1	Nakonde Rural Health Center	CT, CC	PMTCT, ART
		Chilolwa Rural Health Center	CC	CT, PMTCT
		Waitwika Rural Health Center	CC	CT, PMTCT
		Mwenzu Rural Health Center	CC	CT, PMTCT
Mpika	2	Mpika District Hospital	CT, CC, PMTCT, ART	
		Mpika Health Center	CC, PMTCT	CT
Chinsali	2	Chinsali District Hospital	CC, ART, CT	PMTCT
		Chinsali Health Center	CC	PMTCT, CT
Mbala	2	Mbala General Hospital	CT, CC, ART	PMTCT
		Mbala Urban Health Center	CC	CT, PMTCT
		Tulemane Urban Health Center	CT, CC	PMTCT
Mpulungu	2	Mpulungu Health Center	CT, CC	PMTCT, ART
North Western Province				
District	Phase	Facility	Service strengthened	Service initiated
Kabompo	1	Kabompo District Hospital	CT, CC, PMTCT	ART
		St. Kalembe Rural Health Center	CT, CC	PMTCT
Solwezi	1	Solwezi General Hospital	CT, CC, PMTCT, ART	
		Solwezi Urban Health Center	CT, CC	PMTCT
		Mapunga Rural Health Center	CC	CT, PMTCT
		St. Dorothy Rural Health Center	CC	CT, PMTCT
	2	Mutanda Health Center	CC, CT, PMTCT	
Zambezi	2	Zambezi District Hospital	CT, CC	ART, PMTCT
		Zambezi Urban Health Center	CC, PMTCT	CT
		Mize Health Center	CT, CC	PMTCT
Mwinilunga	2	Mwnilunga District Hospital	CT, CC, PMTCT, ART	
		Kanyihampa Health Center	CC, PMTCT	CT

ATTACHMENT D:
ZPCT TECHNICAL STRATEGIES
31 January 2006

Counseling and Testing
Prevention of Mother-to-Child Transmission
Clinical Care and Anteretroviral Therapy (ART/OI)
Monitoring and Evaluation
Pharmacy and Laboratory

January 2006

Technical Overview

HIV counseling and testing is the entry point to comprehensive HIV/AIDS services - treatment, care and support. However, less than 10% of people in Africa have access to counseling and testing. If Zambia is to achieve the goal of making HIV/AIDS services accessible to all that need them, CT must be made easily accessible and acceptable to communities. ZPCT will assist the GRZ to expand geographical coverage for CT, increase number of clients seen in some of the existing underutilized CT services, promote male access and uptake, and broaden the range of services provided at CT sites to include client initiated, provider initiated and PMTCT.

High standards of counseling and testing are critical and providers are trained to uphold these standards which include the voluntary nature of HIV testing; the need to obtain informed consent; confidentiality of the process and; access to high-quality supportive counseling.

Technical Strategy

ZPCT Partnership, in collaboration with the Government of Zambia, will facilitate expansion and strengthening of counseling and testing in the five northern provinces of Zambia, Central, Copperbelt, Luapula, Northern and Northwestern. By December 2005 CT services were initiated or strengthened in 24 of the 42 districts and in 82 facilities in these target provinces. To expand access and coverage as rapidly as possible, ZPCT is working with the District Health Management Teams (DHMTs) and facility staff to identify and broaden entry points to testing. In each of the health facilities, space has been identified and will be dedicated to counseling and testing services.

To facilitate rapid scale up of CT services, including expanding access and coverage as rapidly as possible, the ZPCT in collaboration with the Provincial Health Offices, DHMTs and facility management will broaden entry points for testing through:

- Expanding testing to clinical areas such as sexually transmitted infections (STI) and tuberculosis (TB) clinics, in-patient and general outpatient departments, home care programs, pediatric clinics, and in post-exposure situations;
- Expanding and integrating CT services linked to antenatal clinic (ANC) services
- Establishing CT rooms within the health facilities for those who just want to know their status;
- Use of lay counselors in health facilities and communities
- Innovations such as use of multidisciplinary mobile outreach counseling teams;
- Working to ensure same day testing and results; provision of testing corners in CT rooms
- Developing and adapting QA tools for CT and supporting the systems in the facilities
- Developing and/or adapting job aids for use by HCWs
- Ongoing mentoring, supervision and monitoring and evaluation of CT services.
- Sensitizing trained health care workers to make deliberate efforts to refer clients who are positive to care and treatment.

Key Activities

At facility level:

- Infrastructure improvement: refurbishment of identified CT rooms within facility.
- Human resource -training of health care workers in CT; training of lay counselors, couple counselors and counselor supervisors.
- Guidelines and standard operating procedures (SOP) - distribution of national guidelines to all facilities and orientation of staff in their use; development of standardized and tailored SOPs for CT for the different types of facilities and cadres (rural HC, peri-urban HC and hospital; health care worker use vs. lay counselor)

- Test kits and supplies - the laboratory and pharmacy unit of ZPCT will ensure that facility and DHMT staff are trained in forecasting and procurement of HIV test kits and supplies to ensure an uninterrupted supply
- Expand CT to other clinical areas such as TB, STI and ANC clinics
- Developing and adapting QA tools for CT
- Distribution of job aids and IEC materials to all facilities
- Regular monitoring and evaluation visits to ensure quality

At community level,

- Increase awareness and mobilize the community for increased access to and use of CT services
- Establish strong, workable referral networks to and from facilities/community with DHMT
- Initiate discussions for mobile CT services in the district

At PHO/DHMT level, ZPCT will support their HIV/AIDS activities and

- Participate in their annual planning meetings and ensure integration of ZPCT activities into PHO and DHMT annual plans
- Participate in the quarterly supportive supervision and assessment visits to all ZPCT sites
- Provide management and supervisory training as needed for DHMT staff

List of Indicators and Targets

Indicator	Target as of 31 Mar 2006	Progress as of 31st Dec 2005
Health care providers trained in CT	200	200
Number of service outlets providing CT	60	79
Number of clients tested and received results	51,640	20,877

**This table includes data from the beginning of implementation at the health facility and district level (May 1, 2005).*

Challenges

- Human resource constraints - ZPCT will train lay counselors and place them at facilities to help with the pre-test counseling and also provide on-going supportive counseling.
- Lack of community awareness of the availability of comprehensive HIV/AIDS care packages – ZPCT is promoting community mobilization by different community groups like NHCs, CBOs, NGOs, and faith based groups to create awareness and demand for these services
- Stigma and discrimination creates a bottleneck for access and utilisation of services even when the community is aware of the benefits of CT. Community and health care worker sensitization training is being conducted to create community acceptable services at the clinics.
- Shortages of test kits and supplies due to non availability at central level or due to poor forecasting and procurement practices. Staff will be trained in forecasting, procurement to make sure the district procurement needs are correctly identified.
- Policy issues include the need to provide testing by non- health care workers to expedite the process.

For additional information in this technical area, please contact:
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January 2006

Technical Overview

In the 2001 sentinel survey the prevalence of HIV among pregnant women in Zambia was as high as 30% in some areas. ZPCT is working with the Central, Provincial and District Boards of Health and the Ministry of Health to integrate PMTCT into existing Maternal and Child Health services:

- Preventing HIV infection in women of childbearing age through risk reduction counseling of ANC and Maternal and Child Health (MCH) clients and their partners and promotion of PMTCT services at the community and site levels.
- Preventing unintended pregnancies among HIV-infected women through referrals to family planning (FP) services.
- Preventing peri-natal HIV infection through universal counseling and testing, short-course ARV prophylaxis for mothers and infants, good obstetric practices and safe infant feeding counseling and support.
- Follow-up care and support for mother-infant pairs and their families through provision of and referrals to comprehensive HIV/AIDS care, treatment and support services.

ZPCT's Technical Strategy

ZPCT is working closely with the Zambian government to scale up PMTCT activities as part of a comprehensive HIV prevention, care and support program. The PMTCT component is being integrated and closely coordinated with MCH and FP services, and linked to other HIV prevention, care, treatment and support efforts in the facilities and community. The minimum PMTCT package is being offered, strengthened, and monitored at all ZPCT-supported PMTCT sites. ZPCT's technical approach includes:

- Integration of counseling and testing (CT) for women and their partners in ANC Settings using the 'opt out' approach which is in the national PMTCT guidelines.
- Antiretroviral chemoprophylaxis and full ART.
- Strengthening linkages between PMTCT services and FP as part of the continuum of care.
- Providing comprehensive care and support to mothers, children and their families (PMTCT-Plus). ZPCT will facilitate CD4 count for all pregnant women and refer for ART if they qualify.
- Strengthening of PMTCT services and follow-up care and support through: post-natal counseling; infant feeding counseling; community follow-up and support; mother-infant tracking.

Key Activities

In each of the facilities that ZPCT supports, the following are the activities:

- Infrastructure - refurbishment of identified PMTCT rooms within facility.
- Capacity building - training of health care workers (doctors, midwives, nurses, clinical officers, and laboratory and pharmacy staff) in PMTCT and mentoring the trained staff by provincial ZPCT CT and PMTCT staff as they provide services. This also includes training of non-health workers as PMTCT motivators.
- Commodities – procurement of test kits, supplies and ART for PMTCT.
- Laboratory and pharmacy support – training of facility and DHMT staff in forecasting and procurement of HIV test kits, supplies and NVP to ensure an uninterrupted supply. Monthly meetings supported by ZPCT in each of the facilities. This will encourage sharing experiences and learning from each other.
- Quality Assurance systems - developing and adapting QA tools for CT and supporting the systems in the facilities
- Job aids - Developing and/or adapting job aids for use by HCWs
- Monitoring and evaluation - ensure correct entry of data by the counselors to ensure that the program is running effectively and reaching its intended goals.
- Strengthening referral systems for both clients/patients as well as laboratory samples

At community level, the focus will be in the communities around the facilities. These are the ones that will be expected to utilize the services there. ZPCT will:

- Increase awareness and mobilize the community for increased access to and use of PMTCT services
- In collaboration with DHMT, establish strong, workable referral networks to and from facilities/community
- Develop a referral model that provides care and support by linking PMTCT HIV+ women and their families to the ART program
- Mobilize for male involvement in PMTCT activities

List of Indicators and targets for PMTCT

Indicator	Target as of 31 Mar 2006	Progress as of 31st December 2005
Health care providers trained in PMTCT	175	205
Number of service outlets providing PMTCT	65	73
Pregnant women provided with PMTCT services	60,000	14,148
Pregnant women provided with Nevirapine	13,642	1,020

**This table includes data from the beginning of implementation at the health facility and district level (May 1, 2005).*

Challenges

- Human resource constraints - ZPCT is looking at innovative ways of supporting staff that are off-duty or working beyond their regular hours.
- Lack of awareness of the availability of comprehensive HIV/AIDS care packages – PMTCT motivators have been trained in some of the communities to mobilize around PMTCT. Other identified members of communities like NHCs and faith based organizations will also be involved in this mobilization effort.
- Male involvement - There is very limited male involvement in ANC and postnatal care while men are normally the decision makers even on matters of health for a pregnant woman. It is therefore critical that they are involved. PMTCT motivators have a role to play here as well.
- Stigma & discrimination of PLHA - creates a bottleneck for access and utilisation of services even when the community is aware of the benefits of PMTCT. ZPCT is conducting community and health care worker sensitisation on stigma reduction.
- Shortages of test kits and supplies hinder the smooth running of services. – ZPCT is procuring emergency test kits to fill current gaps while working with JSI/Deliver and the MOH for ongoing procurement.

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Technical Overview

Zambia is one of the 15 focus countries that benefit from the U.S. Government's Emergency Plan for AIDS Relief. Zambia has a population of 10.9 million with approximately one million Zambians who are HIV positive. An estimated two hundred thousand people may require treatment with ARVs and in September 2005 only about 45,000 Zambians are receiving antiretroviral therapy (as at October 2005). ZPCT is working with the Government of Zambia to scale up CT, PMTCT and ART in the 5 northern provinces of Zambia – Central, Copperbelt, Luapula, Northern and Northwestern.

Technical Strategy

The ZPCT Partnership is supporting the MOH/CBoH in their plans to scale up provision of quality comprehensive clinical care services for PLHA through rapid capacity building of health care workers, ensuring provision of treatment for opportunistic infections and ART, assisting with quantification and forecasting of ARV drugs at the provincial and district level, providing needed test kits and laboratory equipment and renovation facilities to provide comprehensive ART services. ZPCT is currently working at national, provincial and district level with the MOH/CBoH in 25 of the 42 districts including 15 ART sites and 43 clinical care sites. ZPCT support includes:

- Strengthening/development or adaptation of policies, guidelines and SOPs in line with requirements of the MOH/CBoH.
- Facilitate training to build capacity of staff in ART including post exposure prophylaxis, effective management of opportunistic infections in line with national guidelines and adherence counseling.
- Provide ART information system training in collaboration with the M&E staff immediately following ART training.
- Ensure initiation or strengthening of ART centers in all districts of the 5 targeted provinces.
- Establish strong linkages between Clinical Care and CT/PMTCT/TB/STI/Youth-friendly services etc.
- Establish systems to manage laboratory sample transfers from remote facilities to facilities that have CD4 count machines.
- Facilitate outreach programs for ART trained medical doctors to health centers in the districts to manage ART clinics and to also look into the possibility of running ART mobile services to remote areas.
- Follow up support supervision for the trained staff to ensure delivery of quality health services.

Key Activities

The following are the key activities being undertaken and planned in order to strengthen, expand and initiate ART/CC services:

- Training in ART and management opportunistic infections and adherence counselling at facility level – including refresher courses in ART/OI and paediatric ART. So far, 339 health workers from all 5 provinces have been trained in the CBoH Comprehensive Management of Opportunistic Infections and ART curriculum. Additionally, 129 HCWs have been trained in Adherence Counselling.
- ZPCT participates in the National Technical Working Group on Treatment and Care for PLWHA and on national committees on palliative care.
- Provision, adaptation and revision of Guidelines and Standard Operating Procedures (SOP) and orientation in the use of the ART, PEP and Adherence counselling SOP's
- Sourced and distributed 80 National Guidelines in the Management of HIV/AIDS booklets to Copperbelt and Luapula Province, 150 Standard treatment Guidelines and IEC material to all sites.
- Strengthening and establishment of referral and outreach systems
- Supply of equipment for clinical care such as thermometers, BP machines, scales, diagnostic sets
- Development, printing and distribution of job aids.
- Standardization of the patient tracking system: the unit, in collaboration with the M&E unit, developed a clinical care form to be used in the patient tracking system, which is being reviewed by the CBoH.
- Strengthening clinical care support services e.g. Laboratory, pharmacy, logistics management and M&E

- Ongoing monitoring and supervision during TA visits to maintain quality services.

List of Indicators and Targets

Indicator	Target as of 31 Mar 2006	Progress as of 31 December 2005
Health care providers trained in ART/OI	200	339
Number of service outlets strengthened/expanded to provide clinical palliative care services	43	82
Number of service outlets initiating ART services	6	10
Number of clients provided with Clinical Care services including management of OI's/or prophylaxis	15,826	13,640
New HIV+ clients on ART	7,200	6,644
Persons receiving ART	15,027	12,883

**This table includes data from the beginning of implementation at the health facility and district level (May 1, 2005).*

Challenges

- **Human Resources**
Many GRZ critical positions are not filled at the facility level. ZPCT is working with the MOH to set up a mechanism to recruit and maintain staffing levels. For example, discussions are underway to recruit ART data entry clerks.
- **Training**
A critical bottleneck to delivering HIV clinical care services is the lack of trained staff in the health facilities. ZPCT Partnership is training health workers in the management of opportunistic infections, other HIV-related conditions and ART. ZPCT is also training staff in adherence counseling. ZPCT is also working on a programme to train lay people in ART adherence counseling. These will work at both facility as well as community levels.
- **Laboratory costs**
While treatment is now free in Zambia, the cost of reagents for the laboratory tests has been a problem. The supply has been erratic, so hospitals are purchasing their own reagents and passing that cost on to the clients. ZPCT is working with the CBoH to procure reagents as a stop gap measure while the GRZ works out a steady supply of these important laboratory supplies. So far ZPCT has procured and supplied reagents for CD4 to a number of facilities, and in addition to this reagents for hematology and biochemistry are in the process of being procured
- **Logistics Management**
The supply of drugs for OI prophylaxis, OI treatment, and management of adverse symptoms at most sites is erratic. Paramount to this process is the accurate quantification and forecasting of ARV's at the central level and at facility level (taking into account the expected high numbers of new patients) to prevent stock outs and ensure distribution to health facilities.
- **Infrastructure/Equipment**
The facilities need some refurbishments in order to take on a comprehensive care and ART program. . ZPCT is currently in the process of procuring equipment and refurbishing infrastructure in some of the facilities. As a matter of fact, works in most Phase 1 have been completed.

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January 2006

Technical Overview

ZPCT is working with the MOH/CBoH to strengthen the Health Management Information System (HMIS) to ensure that it satisfies the data needs of all stakeholders in the HIV/AIDS service provision programs. Specifically, the ZPCT Partnership will support implementation of a rigorous M&E effort that facilitates real-time evidence-based decision-making to guide rapid scale-up, as well as respond to the information needs of the Zambia's CBoH, USG, USAID/Zambia and National AIDS Committee (NAC). ZPCT is working with all partners to harmonize the information systems of different HIV/AIDS data systems to avoid duplication of efforts in support of the "three ones" principle of one Monitoring and Evaluation system in the country.

Technical Strategy

The M&E system designed for ZPCT focuses on activities undertaken and results achieved at the facility, district and provincial levels in the 5 target provinces of Central, Copperbelt, Luapula, Northern and Northwest and provide a basis for:

- Monitoring performance in achieving rapid scale-up of quality HIV-related services;
- Ensuring that best practices for ART/clinical care, VCT and PMTCT service provision are documented and shared with other stakeholders in these thematic areas;
- Ensuring that best practices for ART are developed through evidence-based approaches and implemented properly by monitoring adherence, immunologic and clinical response, and applying results from program activities;
- Measuring the contribution of program efforts to the achievement of Zambian Central Board of Health (CBoH), USAID/Zambia, the President's Emergency Plan for AIDS Relief and the National AIDS Council (NAC) objectives;
- Strengthening M&E capacity at the national, provincial and district levels;

ZPCT M&E activities will:

- **Ensure adequate conceptualization & implementation of a harmonized M&E system** by ensuring that the ZPCT M&E system is consistent with national M&E plans and requirements, that all the M&E indicators, data sources, baselines, targets, data collection activities and timeframes for data reporting are consistent between partners without creating a duplication of activities at all levels.
- **Ensure adequate utilization of the results from M&E activities to improve the implementation of project activities.** The ZPCT M&E unit will document and disseminate to relevant partners ZPCT's progress towards targets during project implementation and ensure that M&E results are presented in ways/formats that can facilitate critical programmatic decision-making at the facility, district, provincial and national levels.
- **Ensure sustainability of the M&E efforts** - the ZPCT M&E unit will provide technical assistance on M&E to partners, sub-grantees and relevant national, provincial, and district level staff to strengthen their M&E activities. The unit conducts workshops, refresher in-service training, on-the-job training, and mentoring to strengthen local capacities on M&E to ensure sustainability of all these activities even beyond the project's lifespan.

Key Activities

- The process of recruiting data entry clerks has reached an advanced stage and is expected to be complete d by end of January 2006.
- Training all health care and health information office staff in the GRZ's ART Information System (ARTIS).
- Training all health care and health information office staff in the GRZ's VCT/PMTCT Information System.
- Collaborate with various ZPCT Technical units in the distribution of SOP's and guidelines.
- Provide on-site technical assistance and mentoring to the health information staff at all levels (for district, hospital and provincial staff) in MOH/CBoH and ZPCT.
- Supply of essential equipment (such as computers) for data storage and reporting in all ART clinics and some District Health Offices where needed.
- The process to identify a suitable database for use at the Provincial and Central offices has now reached an advanced stage with the same being currently pre-tested at both these levels.
- Develop and adopt standardized patient tracking system (for all ART clinics) in collaboration with CBoH and other partners.
- Strengthening all clinical care support services in information management - laboratory, pharmacy and logistics management.

Challenges

Human Resources

A critical bottleneck to collecting data for M&E activities has been staff shortages. At facility level, this may be overcome with the introduction of data entry clerks and extra shifts which could be used to compile data for timely submission to the DHMT and subsequently to ZPCT.

Training

All training activities carried out by ZPCT includes a day or two reserved for data collection tools and reporting so that all facility staff are aware of the reporting requirements.

Patient Information Management System/Patient Tracking System

In its continued collaboration with GRZ, ZPCT is working with other partners to develop a Patient Tracking System (PTS) for ART program monitoring and reporting. This PTS is planned to be part of the national HMIS. An HMIS system—apart from ensuring accurate data collection—must be able to provide data for patient clinical management and answer operational questions and mainstream lessons learned into national ART programming. The current HMIS for ART (ARTIS) is being reviewed at the national level since health facility staff report that the system is time consuming and involves substantial duplication. In its current form, it would become almost unmanageable as patient load increases.

Infrastructure/Equipment

ZPCT will ensure that all facilities providing ART have a computer to host the PTS database. Necessary support and accessories for the computer will also be provided to ensure continuous data entry and reporting. Almost all facilities have these computers in place and only await the introduction of the PTS once the process (Harmonization) to make it operate in line with minimum GRZ data requirements has been completed by GRZ and all participating partners (CDC, HSSP, CIDRZ, CRS).

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Technical Overview

The mandate of ZPCT is to assist the Government of Zambia to increase access and utilization of HIV/AIDS prevention, care and treatment services in the Central, Copperbelt, Luapula, Northern and Northwest provinces. Critical to this endeavour is the availability and management of needed commodities and equipment to provide quality pharmaceutical and laboratory services. The indicator of commodity management is that high-quality commodities are continuously available and appropriately used, achieving the desired therapeutic outcomes in the patients.

ZPCT recognizes the importance of maintaining high-quality laboratory services while scaling up HIV/AIDS services. The laboratory network plays a pivotal role in establishing diagnoses of HIV and opportunistic infections, monitoring treatment and disease progression, and providing surveillance data. The laboratory services are closely coordinated with the clinical palliative care, ART, CT/PMTCT, and TB-HIV components of the program.

Technical Strategy

Pharmacy and Laboratory support activities are a part of a comprehensive HIV prevention, care and support program. The component is integrated and closely coordinated with CT, PMTCT, ART and clinical care services, and linked to other HIV support efforts in the facilities and community. ART pharmacy & laboratory services will be strengthened and monitored at all ZPCT-supported ART, PMTCT and CT sites. ZPCT's technical approach includes:

- Training staff at the facility level to effectively forecast, quantify, order, procure, and store ARVs, OI drugs, and other drugs and laboratory supplies in order to eliminate stock outs and reduce overstocking of commodities.
- Improving storage (identify space, refurbish/renovate rooms) and enhance storage conditions in pharmacies & laboratories at health centers.
- Providing essential standard equipment to enable laboratories carry out diagnosis as needed. Equipment will be provided to all ART sites to fill the gaps where identified.
- Setting up of CT testing corners to be manned by counselors to promote same day testing with results. This will be supervised by the laboratory staff to ensure quality of testing.
- Ensuring that complementary quality laboratory services are provided at all facilities by using and strengthening sample referral systems.
- Strengthen the inventory management systems, logistics, commodities and security for ARVs, OIs, and drugs for palliative care and for laboratory supplies.
- Assisting the GRZ in the formulation and implementation of standards of practice (SOPs).
- Strengthening internal quality control (QC) and external quality assurance (QA) in order to promote quality results and confidence in laboratory services

Key Activities

Training of pharmacy / laboratory staff in:

- Commodity management, including forecasting, timely ordering of needed stock, maintaining minimum/maximum stock levels, rotating stock, etc.
- Pharmacy specific - Dispensing practices; Medication use counseling & adherence counseling; Adverse Drug Reaction (ADR) reporting; Rational and irrational drug use; SOPs and site specific adaptation of the same.
- Lab specific – HIV diagnosis, monitoring and follow up, Routine preventive maintenance of equipment; Specimen collection, handling & processing; Laboratory safety & ethics; SOPs and QA
- The use of the automated Zambia Pharmacy ART program (ARTServ Dispensing Tool) & the Laboratory Information Systems



Provide supervisory support and technical assistance to pharmacies & laboratories to:

- Improve/strengthen logistics and delivery procedures/distribution subsystems for ARVs, drugs for OIs and palliative care and diagnostics
- Strengthen rational use and reporting system for drugs and reagents
- Strengthen ADR reporting, ADR monitoring, and feedback systems including for ARVs
- Ensure timely distribution of commodities
- Ensure timely performance of laboratory tests and release of results
- Improve/strengthen the use of batch quality control

Introduce automated systems to elected health centers to enhance the process of accurate inventory management of commodities.

The pharmaceutical and laboratory services collaborate and work within the GRZ national systems and programs. The Project collaborates with JSI/Deliver of quantification and forecasting issues at ZPCT-supported sites to support procurement at the national level. In addition, ZPCT coordinates key laboratory support efforts with CDC. This includes providing input and collaborating on laboratory information system, training materials, and the national laboratory quality assurance system being established by CDC with the GRZ.

Challenges

- **Human resources** – There are many unfilled pharmacy and laboratory positions in the facilities which ZPCT is trying to fill in collaboration with GRZ.
- **Policy** – Due to staff shortages other HCWs can be testing for HIV. ZPCT will assist with reviewing algorithms and testing guidelines and training packages in accordance with GRZ standards. .
- **Infrastructure** – ZPCT recognizes the need to have an optimal work environment and is assisting the GRZ to refurbish pharmacies & labs
- **ARVs, OI drugs & drugs for palliative care supply** – There is a vital need for an uninterrupted supply of these commodities & ZPCT is closely working with GRZ and JSI/Deliver to ensure that ZPCT sites are catered for in the national quota.
- **HIV test kit / Reagent supply** – There is a need for an uninterrupted supply of HIV test kits and reagents. ZPCT is assisting with stop-gap procurement.
- **Diagnostic Equipment and Quality Control and Assurance** – ZPCT is working closely with GRZ and CDC to ensure ZPCT sites are maintained at the highest quality of service provision. This includes ensuring equipment calibration & routine preventive maintenance.

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